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ABSTRACT

The major objective of the three-year project reported here was to develop a long-range planning and management system for a comprehensive health occupations education program for the State of Indiana. The body of the report is a summary outline of the project's three components, each of which corresponded to one of the three objectives: (1) to develop a relevant inservice program to meet professional development needs of health occupations instructors and to develop a competency-based teacher training program for the future preparation of health occupations educators; (2) to develop a performance-based student training program; and (3) to develop a system for providing information services to teachers, teacher-trainers, students, and others. The bulk of the report consists of three appendixes, one for each component, each containing an overview and some or all of the products of the component. For example, included in section one, which focused on development of a teacher-trainer system design model, are the following items: a paper comparing the V-TECS system with the project's curriculum development pattern; the proposed inservice competency-based program outline; and a list of validated health occupations teaching competencies. The contents of the second component include modules and revised modules (e.g., Microorganisms that Cause Disease) and the task analyses, instructional objectives, and criterian referenced tests for the Indiana medication aide training program. Contents of the information resources component appendix include a computerized resource system model for disseminating health occupations information and material to vocational students and educators. (JT)

ED152969

FINAL REPORT

PROJECT HOPE

A Plan for the Research, Development and Implementation of a Comprehensive Health Occupations Education Program

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Project No. 16-76T-D2

New Castle Community School Corporation

New Castle, Indiana

August 31, 1977

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2. COVER BACKING SHEET

A. Kind of Activity: (check one)

1 ___ Experimental Research
2 X Developmental Research
3 ___ Pilot Research
4 ___ Evaluative Research
5 ___ Demonstration Examplary
6 ___ Other Exemplary

B. Student Population Included in Project

	TYPE	Involved in Project	Affected by Project
A	Disadvantaged	A 3.0%	A 3.0%
B	Handicapped	B 13.0%	B 13.0%
C	Migrant	C .5%	C .5%
D	Minority	D 2.0%	D 2.0%
E	Combination of the above	E 18.5%	E 18.5%
F	Other Remaining Population	F 81.5%	E 81.5%

	GROUP	Percentage of Population	
1	Pre-school	1	1
2	Elementary	2	2
3	Junior High School	3	3
4	Middle School	4	4
5	Senior High School	5 33 1/3%	5 33 1/3%
6	Postsecondary	6 33 1/3%	6 33 1/3%
7	Adult	7 33 1/3%	7 33 1/3%
8	University	8 2-5%	8 2-5%
9	Employer	9 25-30%	9 25-30%
10	Employee	10 66 2/3%	10 66 2/3%
11	Citizens	11 60%	11 60%
12	Parents	12 50%	12 50%
13	Combination of the above	13 100%	13 100%

LOCALITY (check the one which encompasses the locality being studied)

a	National	a	a
b	State	b 100%	b 100%
c	Region	c	c
d	District	d	d
e	County	e	e
f	Area	f	f
g	Community	g	g
h	School Corporation (LEA)	h	h

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PREFACE

The completion of the activities of this year's project finalizes a three year period of time spent on researching and developing material to be used for a comprehensive state health occupations education plan.

A technical report has been compiled from the final reports of the first two years of Project H.O.P.E. and is available for dissemination from the Indiana Curriculum Materials Center at Indiana State University, Terre Haute.

Organizational and procedural schematics have been included in the report to clarify the interrelationship that existed among the four components. Each of the four components represented a specific objective identified by this project.

Since Project H.O.P.E. ends with the completion of this year, it is vitally important that the products developed through the project be implemented so the purpose of the research project will be fulfilled.

Under the section entitled Conclusions and Recommendations, the products of the three years of Project H.O.P.E. are listed and specific recommendations have been made for their utilization.

This report follows the guidelines established for reporting a federal project. The body of the report is a skeleton outline or summary of Project H.O.P.E. To facilitate understanding of all dimensions or major objectives, the overview at the beginning of each appendix should be read to learn of activities and products achieved by the individual component.

To assist the reader, color coded sheets have been used as follows:

salmon index	- separates each appendix
green	- Competency-Based Teacher Training, Appendix A, Sub-Sections

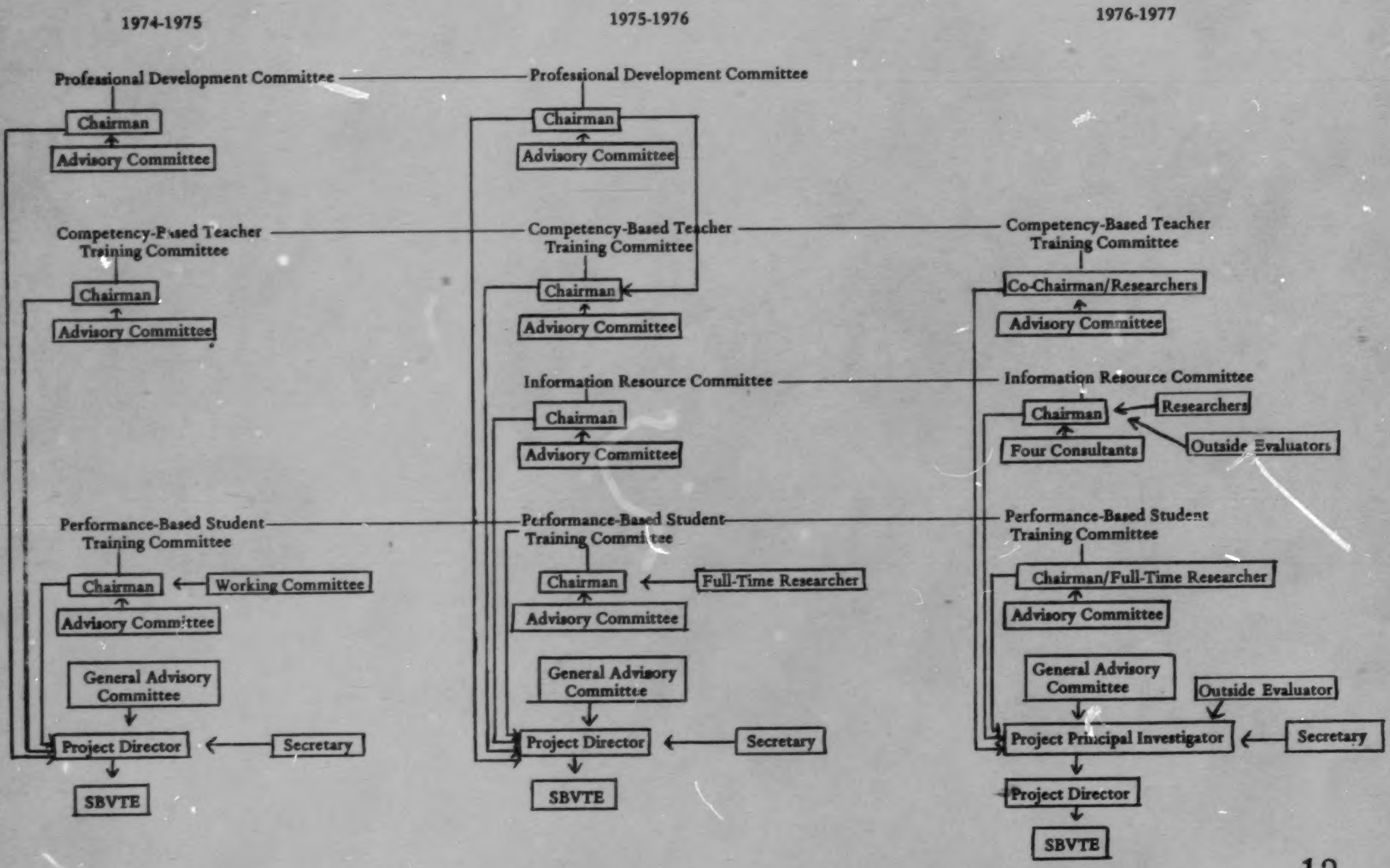
goldenrod - Performance-Based Student Training
Appendix B, Sub-Sections

blue - Information Resources
Appendix C, Sub-Sections

canary - General Advisory Committee
Appendix D, Sub-Sections

Should this report be considered for mass distribution and dissemination, it should be edited under the guidance of the Principal Investigator, Project Director, and the Research and Examplary Coordinator of the State Board of Vocational-Technical Education with suggestions from members assigned project responsibilities. Editing should delete items necessary for accurate reporting, but unneeded to understand the activities and procedures. Backup data could also be summarized while still retaining the essence of the report.

PROJECT H.O.P.E.
ORGANIZATIONAL SCHEMATIC


1974-1975
1975-1976
1976-1977
Professional Development Committee
Chairman
Advisory Committee
Professional Development Committee
Chairman
Advisory Committee
Competency-Based Teacher Training Committee
Chairman
Advisory Committee
Competency-Based Teacher Training Committee
Chairman
Advisory Committee
Competency-Based Teacher Training Committee
Co-Chairman/Researchers
Advisory Committee
Information Resource Committee
Chairman
Advisory Committee
Information Resource Committee
Chairman
Researchers
Outside Evaluators
Four Consultants
Performance-Based Student Training Committee
Chairman
Working Committee
Advisory Committee
Performance-Based Student Training Committee
Chairman
Full-Time Researcher
Advisory Committee
Performance-Based Student Training Committee
Chairman/Full-Time Researcher
Advisory Committee
General Advisory Committee
Project Director
Secretary
SBVTE
General Advisory Committee
Project Director
Secretary
SBVTE
General Advisory Committee
Outside Evaluator
Project Principal Investigator
Secretary
Project Director
SBVTE

PROJECT H.O.P.E.
PROCEDURE SCHEMATIC

PROFESSIONAL DEVELOPMENT

Chairman Assigned
Advisory Committee Appointed
Chairman initiated action with input from advisory committee to reach established objectives.

PROCEDURES

Preliminary questionnaire sent to Health Occupations instructors to determine needs.

Survey questionnaire sent to current Health Occupations instructors to determine specific areas of professional needs.

Five regional workshops conducted to identify professional needs and concerns.

Chairman and Advisory Committee prepared summary report of regional workshops for the State Board of Vocational and Technical Education plus state universisites.

Priority Professional Development needs Assessment List was prepared for study by universities' representatives to determine existing opportunities.

Four Professional Development Workshops were given to meet the identified needs of the instructors not currently being met by established programs.

Recommendations for meeting the future professional development needs by the state and universities were submitted to State Board of Vocational and Technical Education and to Competency-Based Teacher Training Committee of the project.

COMPETENCY-BASED TEACHER TRAINING

Chairman Assigned
Advisory Committee Appointed
Chairman initiated action with input from advisory committee to reach established objectives.

PROCEDURES

State of the Art was conducted.
Draft list of teaching
Tasks for entry level Health Occupations teachers were studied and purged by the chairman with approval of advisory committee.

Competency model was developed to organize and structure list of job tasks.

Approved task inventory list was put into questionnaire form to measure four specific criteria established by committee.

Questionnaires were sent to Indiana and Ohio Health Occupations Educators to validate the task inventory.

Questionnaires were analyzed by computer to determine validated tasks.

Coordination tasks were validated by jury since they had been omitted from questionnaire.

Priority tasks selected from the questionnaire were revised or restated to comply with definition of task as agreed by the project.

Workshop was conducted to utilize the expertise of university vocational educators and health occupations instructors to development task analyses.

Task analyses were prepared to five priority tasks.

PERFORMANCE-BASED STUDENT TRAINING

Chairman Assigned
Advisory Committee Appointed
Working Committee Appointed to directly assist chairman.

PROCEDURES

Various clustering schemes were studied to determine a framework on which to structure curriculum for health occupations training.

A seven-dimensional matrix was developed according to specific criteria.

Eighty-seven specific job titles in health occupations which were identified by AMA were selected.

Task inventory survey procedure was designed to verify task inventories and collect additional tasks performed by job incumbents.

Task inventories for eighty-seven job titles were compiled from existing task inventories from UCLA Allied Health Professions Project, Indiana School of Practical Nursing, and Purdue University Veterinarians Program.

Questionnaires were constructed to validate the task inventories.

Questionnaires were sent to wide cross section of allied health field.

Full-time researcher was employed to develop this section.

Thirty job titles of the eighty-seven were resurveyed because of insufficient responses.

Selection of tasks for curriculum model was established after validated task inventories were purged by jury.

Task statements were selected from eight job titles for curriculum development. A task procedure was developed and used for selected task statements.

Instructional (terminal objectives) were prepared for task statements.

Criterion-referenced tests were prepared.

Five multi-media, multi-option curriculum modules were designed.

Five modules were field tested and a report of the field test was prepared.

Full-time researcher was employed during 1976-1977 project year to develop performance-based student curriculum

Five modules developed during 1975-76 were revised based on field test report.

INFORMATION RESOURCE SERVICE

Chairman Assigned
Advisory Committee Appointed

PROCEDURES

State of Art was conducted.

A National Annotated Bibliography of Curriculum Materials in Vocational and Career Education developed by the Board of Vocational Education and Rehabilitation and the State of Illinois, Division of Vocational and Technical Education was selected as the basis for the Indiana system with modification to be made.

The Professional Development Needs Assessment List stated the need for resources, educational programs and career educational guidance information specific for Indiana; therefore, questionnaires were developed for obtaining required information.

A model for dissemination of material was developed and entitled Indiana Health Occupations Educational Profile.

Four consultants, meeting the criteria established in the guidelines of 1976-1977 project, were appointed to assist in development of this component.

PROJECT H.O.P.E.

PROCEDURE SCHEMATIC

(continued)

COMPETENCY-BASED TEACHER TRAINING

Three Professional competency-based researchers were appointed to review the five tasks selected during 1975-1976 project to determine their appropriateness for preparing an instructional teacher-trainer model.

Critcal tasks were identified for the development of a complete criterion-referenced, instructor training course.

Examination of available competency-based teacher education models was completed (V-TECS included).

Instructor-training tasks were selected for inclusion in the curriculum model. These tasks were same as selected by 1975-1976 project plus one.

Task analyses were written for tasks using three approaches or modalities (Task Structure Analysis, Flowcharts, and Task Detailing) to insure comprehensiveness and validity and to provide alternative task analysis methods.

Instruments were developed for the derivation of interim objectives for six tasks.

Terminal Learning Objectives were selected for tasks.

Criterion-referenced tests were written.

Task analyses, terminal objectives, were reviewed by a master population and adjustments made.

Compiled a bibliographical data for inclusion in instructional model.

PERFORMANCE-BASED STUDENT TRAINING

Visual aids were prepared for the five modules. (Black and white prints, 35mm slides, and audio tapes.)

Researcher and advisory committee selected performance-based curriculum for unlicensed medication personnel for nursing home facilities for development during the 1976-1977 project year.

"One-time" proficiency examination was prepared by researcher and special sub-committee to be given by Indiana State Board of Health to those unlicensed persons currently trained to administer medications.

Eight psycho-motor tasks, selected as critical to the unlicensed medication personnel curriculum, were selected for curriculum development.

Task analyses, terminal objectives, and criterion-referenced tests were prepared by researcher for eight psycho-motor tasks.

Learning modules were developed for eight psycho-motor tasks.

Three state-wide teacher training sessions were conducted for health occupations instructors participating in the field testing of the eight modules.

State-wide field tests were conducted in thirteen sites involving Geriatric Technician program, Licensed Practical Nurse Program, State Hospital Medication Attendant Programs, and Nursing Home Medication Aide Programs.

INFORMATION RESOURCE SERVICE

A new questionnaire was designed and mailed to all Indiana post-secondary institutions offering health occupations programs to obtain information for the profile.

The information from the questionnaires was utilized to complete the Indiana Health Occupations Training Profile. The profile was expanded to include a career guidance section.

One of the consultants developed a computer resource system which was compatible with the Illinois System cited above.

Scholarship Category of the resource system was developed by a researcher to aid in the listing of the effectiveness of the system.

The computerized resource system was evaluated by two outside evaluators to determine its efficiency, effectiveness, and feasibility of implementation at Indiana Curriculum Materials Center at Indiana State University.

COMPETENCY-BASED TEACHER TRAINING

Developed a model entitled, "An Instructor's Guide to Deriving Instructional Outcomes."

Computerized data was compared with other national competency-based data.

Computerized data from the questionnaires were analyzed to prepare a proposed in-service competency-based health occupations educational program.

Computerized data from the questionnaires were analyzed to prepare proposed competency-based in-service health occupations education program.

List of specific teaching health occupations competencies was prepared from the validated tasks.

Three sub-clusters of health occupations cluster were re-surveyed because of insufficient responses. (Medical-Clerical Services, Dental Servics, and Animal Care Services). The entry-level tasks for job titles included in three sub-clusters needed to be identified for inclusion in pre-service training of secondary health occupations coordinators.

III. STATEMENT OF OBJECTIVES

Project H.O.P.E had four long-range objectives at the onset of the project in 1974. The objective to develop a relevant in-service program to meet professional development needs of health occupations instructors was met at the end of the second year of the project. This year the project has concentrated on the remaining three objectives:

1. to develop a competency-based teacher training program for the future preparation of health occupations educators;
2. to develop a performance-based student training program;
3. to develop a system for providing information services to teachers, teacher-trainers, students, and others.

IV. STATEMENT OF THE PROBLEM

The project continued to have as its intent the development of a long-range planning and management system for a comprehensive health occupations education program for the State of Indiana. The system under development will provide for (1) the professional development needs of current health occupations education instructors; (2) a competency-based teacher training program; (3) a performance-based student training program; and, (4) a resource information service for both students and teachers.

V. PRIORITY AREA

Based on manpower predictions and the current national growth rate of allied health career opportunities, a demand has been made on vocational education to increase the availability of vocational health occupations educational programs.

In 1977, for the first time in the State of Indiana, a health occupations education certification pattern was included in TEACH, Teacher Education and Certification Handbook.

Although health occupations education is one of the youngest vocational disciplines, priorities have been established in Indiana. These priorities have been recognized by the Vocational Education Division of the Department of Public Instruction, the State Board of Vocational-Technical Education, state universities, post-secondary, and secondary institutions, and the private health sector. The priorities are designed to assist with the development of a systematic, logical, effectively organized health occupations education program that will produce qualified allied health personnel. The system must provide a transitional mechanism that will meet immediate needs as well as provide for the future.

The priorities of the health occupations education programs in Indiana are the development of (1) an improved method of meeting the professional needs of current health occupations educators; (2) competency-based training for current and future health occupations instructors; (3) an articulated, competency-based curriculum for student training; and, (4) a system that will provide data and relevant information to all segments of the health field.

VI. STRATEGIES

During 1976-1977 year Project H.O.P.E. consisted of three major components. Each component functioned as an independent unit although the three were interrelated. The basic organization was the same, with each component having an advisory committee that worked with a person or persons responsible for the component. The Competency-Based Teacher Trainer Component had three systems-design-researchers employed by the U. S. Army who designed a competency-based teacher training module. The principal investigator of the project completed all other functions of this component. The Performance-Based Student Training Component had a full-time principal researcher for the second year. The Information Resource Component had four consultants to design and/or review material developed for this section. A researcher was employed to collect data identified as pertinent to the products. The principal investigator coordinated and supervised the total activity of this component. A general advisory committee reviewed and evaluated the activities and products of the sub-committees or components, making recommendations for change when appropriate. One outside evaluator was employed to evaluate the project. Two specialists evaluated components of the project.

Each component has a complete appendix which not only includes the products, but also gives a summary report of the component. The committees/components strategies are listed individually.

A. Competency-Based Teacher Training

During the second year of the project five priority task statements were identified from the validated survey questionnaires. Those task statements were revised into thirteen task statements. Five of the thirteen task statements were selected for curriculum development. Using a workshop format, participants representing a cross-section of health occupation educators and university vocational educators prepared task analyses for the five task statements. The committee recommended the task analyses should be used to design an instructional learning module which would be utilized to train instructors who will implement competency-based material.

The objectives of this year's project incorporated the recommendations cited by the second year project. The following activities were completed this year:

1. The three researchers reviewed the five task statements that had been selected for curriculum development by the second year project.

2. A research and review of critical tasks needed for a complete, criterion-referenced, instructor training course was conducted.

3. The tasks needed for a complete, criterion-referenced, instructor training course were classified into two categories: Development and Implementation.

4. Student target population for the instructor training modules was studied. Based on student characteristics, guidance from the principal investigator, and tasks generated from prior Competency-Based Teacher Training Committee efforts, the following decisions were made:

   A. To concentrate efforts on "Development" tasks

   B. To begin task analysis on tentatively selected tasks, allowing the process to identify other tasks that may be needed for present or future "packages"

   C. To analyze tasks in three modalities (Task Structure Analysis, Flowcharts, and Task Detailing) to:

      (1) insure comprehensiveness and validity

(2) provide alternative task analysis methods that may be more appropriate to the classroom instructor (versus the designer)

5. New task analyses were prepared, performance objectives written and criterion-referenced tests constructed, in three modalities, for the selected tasks.
6. Instruments were developed for the derivation of interim objectives. Alternate methods are presented for student use. Interim/enroute objectives were derived.
7. All analyses and criterion-referenced tests were validated with a master population.
8. Possible methods of packaging the competency-based products for the best use by health occupations educators were identified. A model was selected and a learning module developed.
9. At the request of the principal investigator, the researchers developed tentative workshop plans to train educators in the use of the learning module.
10. One of the researchers and principal investigator attended a V-TECS Training Awareness Workshop. The principal investigator prepared a written comparison of the V-TECS system and Project H.O.P.E.'s system.
11. One of the researchers and the principal investigator attended the Allied Health Symposium, University of Georgia, Athens, Georgia.
12. The principal investigator analyzed the computerized data from the survey questionnaires.
13. From the data analyzed, a proposed competency-based, pre-service, health occupations education program and a competency-based in-service, university health occupations program were prepared.

B. Performance-Based Student Training

The main purpose of the Performance-Based Student Training Component for 1976-1977 was to utilize the performance-based curriculum delivery system established during the 1975-1976 project. The delivery system was used to begin development of a performance-based curriculum for unlicensed, medication personnel for nursing home facilities.

The following activities were completed during this year:

1. The Performance-Based Student Training researcher and advisory committee reviewed various current state-wide curriculum needs. The group decided the curriculum format to be most relevant and of the greatest priority was a performance-based curriculum for unlicensed medication personnel for nursing home facilities. (See Appendix B for justification)

2. A "one-time" proficiency examination to be given by the Indiana State Board of Health to those unlicensed persons who had gained the required knowledge needed to administer medications through current instructional means was prepared by a special subcommittee.
3. The proficiency examination was field tested to eliminate possible errors and discrepancies.
4. The proficiency examination was revised and submitted to the Indiana State Board of Health for administration according to its jurisdiction.
5. The five learning modules prepared during the 1975-1976 project were reviewed and revised according to the recommendations from the field test results.
6. Visual aids were developed to accompany the five revised modules. The visual aids included black and white prints, 35mm slides, and audio-tapes.
7. The researcher developed two booklets entitled "A Teacher Planning Model" and "A Student Brochure Model" to be used in conjunction with the five learning modules.
8. Eight psycho-motor skills identified by the Indiana State Board of Health as being essential to the medication aide curriculum were selected for curriculum development.
9. The researcher performed task analysis, wrote instructional (terminal) objectives, and developed a criterion-referenced test for each of the eight psycho-motor skills identified.
10. Using an identical format, a learning module was developed for each of the eight psycho-motor skills.
11. A Teacher's Guide was written, which included specific instructions for the implementation of the eight learning modules.
12. Performance-Based Student Training researcher conducted three state-wide teacher training sessions for personnel who would participate in the field test of the new learning modules.
13. Thirteen agencies, both educational and health care, participated in the field test. (See Appendix B.6 for further details.)
14. A detailed report of the field test was prepared.

C. Information Resource

The objectives of 1976-1977 project were directed toward the completion of the Indiana Health Occupations Educational Training Profile and the development of a computerized data-collecting system model.

In order to meet the objectives, the following activities were completed:

1. Four consultants, meeting the criteria established in the guidelines of the project, were appointed.
2. A questionnaire was designed and mailed to all Indiana post-secondary institutions to obtain information for the profile.
3. The information from the questionnaires was utilized in the profile. The profile was expanded to include a career guidance section based on the Indiana Health Occupations Cluster.
4. The Indiana Health Occupations Training Profile was completed.
5. One of the consultants researched existing computer resource systems. The decision was made that Project H.O.P.E.'s computer system would be compatible with the one developed by the State of Illinois referred to as A National Annotated Bibliography of Curriculum Materials in Vocational and Career Education.
6. A computerized resource system was developed by the consultant.
7. The scholarship category of the resource system was developed to aid in testing the effectiveness of the system.

VII. ANALYSIS PROCEDURE

A. Competency-Based Teacher Training

An instructional system-design module entitled "An Instructor's Guide to Deriving Instructional Outcomes" was developed, based on the five priority tasks selected during the 1975-1976 project year. Task analyses, instructional objectives, and criterion-referenced tests were prepared prior to development of the module.

A comparison study was made between the V-TECS System and the curriculum development procedures of Project H.O.P.E.

Computerized data from the original questionnaires were analyzed. A weighted system was used to determine a priority listing of validated competencies. The validated competencies were also studied in regard to the degree of importance concerning percent of time spent performing the tasks, consequence of inadequate performance, and time required to train the task on-the-job.

The validated teaching competencies identified by Project H.O.P.E. were compared to the Ohio Center for Vocational Education modules to determine which modules addressed specific competencies.

The validated teaching competencies of Project H.O.P.E. were compared to those identified by A Delphi Study, conducted by the University of Maine, and The Nebraska Study, conducted by the Nebraska Advisory Council for Vocational Education. The comparison was made to identify any teaching competencies that might have been overlooked by the Project H.O.P.E. study. Project H.O.P.E.'s data was collected only from health occupations educators while the other two studies were conducted by vocational educators which did not include any health occupations educators. The other two studies were used as a control group for Project H.O.P.E.

Based on the research data, both a competency-based, pre-service health occupations program and in-service program were formulated which complied with health occupations certification pattern as required by the Teacher Education and Certification Handbook.

Some of the 87 job-entry level health occupations job titles surveyed during the 1976-1977 Performance-Based Student Training Component did not receive sufficient responses to permit validation; therefore questionnaires were developed to resurvey those areas. Medical Services, Dental Services, and Animal Care (Veterinary) Services sub-clusters were resurveyed. The resurveys were necessary in order to identify the entry-level skills of those health occupations practitioners to be included in the pre-service competency-based, teacher-trainer course for secondary health occupations coordinators.

B. Performance-Based Student Training

The Performance-Based Student Training researcher and advisory committee reviewed current state-wide health occupations areas needing curriculum development. The group decided the area of greatest priority was that of a performance-based curriculum for unlicensed medication personnel for nursing home facilities. The rationale for selecting this format included:

1. There are more than 400 nursing homes in Indiana, most of which utilize three shifts of unlicensed personnel to administer medications.
2. The current training programs for unlicensed medication personnel are extremely variable.
3. The Department of Health, Education and Welfare has mandated to the Indiana State Board of Health that medication aides would not be able to administer medication after January 1, 1977 unless they had successfully completed a state-approved performance based training program.
4. The Indiana State Board of Health has identified the entry level and content of a proposed medication aide training program. (See Appendix B.2)

5. The Department of Health, Education and Welfare had approved the entry level skills and content of the medication aide training program, but had rejected the proposal as it was not considered to be performance-based in nature and therefore could not demonstrate the competence of the student.
6. The Performance-Based Student Training Committee of Project H.O.P.E. was the only known source within the state that had developed a Health Occupations Education Matrix with a Performance-Based Student Training Delivery System.
7. The state had a critical need which, with minor alteration of the objectives, could become the format of the 1976-1977 Performance-Based Student Training Committee.

A "one-time" proficiency examination to be given by the Indiana State Board of Health to currently practicing, unlicensed medication personnel was prepared by a sub-committee of health occupations professionals under the supervision of the Performance-Based Student Training researcher. Specific criteria were established for the proficiency test. Once the test was prepared it was field tested to discover possible errors or discrepancies. The test was revised and submitted to the Indiana State Board of Health for administering.

Eight new psycho-motor tasks were selected for curriculum development using the performance-based curriculum delivery system established by the 1975-1976 project. The learning modules were field tested in thirteen sites across the state. Three teacher-trainer workshops were conducted by the Performance-Based Student Training researcher to prepare local facility personnel for participation in the field test.

C. Information Resource

A questionnaire was developed to obtain information concerning health occupations educational offerings in Indiana institutions. The data collected was utilized in the Indiana Health Occupations Educational Training Profile.

Consultants were utilized to develop the computerized resource system and provide direction for the development of the career guidance section of the profile.

The computerized resource system provided a format for reporting scholarship information. A researcher collected the data to be used in the scholarship category of the resource system and also compiled the information for the guidance section of the profile.

VIII. FINDINGS

The findings for this year's project follow:

A. Competency-Based Teacher Training

Process:

1. After attending a V-TECS Training Awareness Workshop conducted by Dr. Bill West, the principal investigator prepared a written comparison of V-TECS System and Project H.O.P.E.'s to determine their compatibility. The V-TECS System provided only catalogs of data for specific job title used in developing and planning performance-based student programs. Project H.O.P.E. has taken front-end data and has started to develop Performance-Based Student Training core curriculum for health occupations students.

   V-TECS has developed task inventories based on uniform, valid, and reliable data that can save the State of Indiana millions of dollars. V-TECS equipment lists can serve as guides for verifying specific equipment lists needed in Indiana. The nineteen (19) catalogs developed to date can serve as raw data for development of performance-based student training curriculum.

   The limitations for utilization of V-TECS material by Project H.O.P.E. will be based on the fact that a task analysis has not been developed for each task.

   The V-TECS performance guide and criterion-referenced test, since not based on the task analysis, suggested only one route for reaching the performance objective. Using a task analysis as done by Project H.O.P.E. provides for a variety of routes to the terminal objective. V-TECS' criterion-referenced tests did not specify the criteria for acceptable or non-acceptable behavior based on performance objectives. Since only six (6) health occupation job titles have been developed into catalogs, much work remains in the development of health occupations curriculum.

2. Since a specific instructional plan was not available from V-TECS at the time, the Competency-Based Teacher Training researchers continued to develop the teacher-trainer system-design model.

3. Upon analysis of the computerized data from the survey questionnaires, entry-level teaching competencies were identified for health occupations educators.

4. Competency-Based Teacher Training modules developed by The Center for Vocational Education at Ohio State University have been identified that relate directly to each validated entry-level teaching competency.

5. Following the guidelines established by the Teacher Education and Certification Handbook and the data obtained from survey analysis, a proposed pre-service and in-service health occupations education programs were prepared.

6. A list of health occupations competencies was identified, based on validation from the competency-based teacher training questionnaire.

Products:

1. A Comparison Report of the V-TECS System and Project H.O.P.E.'s curriculum development pattern was prepared.
2. A teacher trainer instructional system-design module entitled "An Instructor's Guide to Deriving Instructional Outcomes" was developed. Task analyses, instructional objectives, and criterion-referenced tests were prepared for the six instructional tasks included in the teaching module.
3. A series of tables comparing the validated teaching competencies were prepared.
4. A proposed competency-based pre-service health occupations education program based on validated teaching competencies and the Teacher Education Certification Handbook was developed.
5. A proposed in-service health occupations education program was developed based on validated teaching competencies.
6. A list of validated health occupations teaching competencies was compiled.

B. Performance-Based Student Training

Process:

1. A state-wide priority to establish a performance-based curriculum for unlicensed medication personnel for nursing home facilities was identified.
2. The need was recognized for a state-wide field testing system to study learning modules developed for unlicensed medication personnel in nursing home facilities.
3. A "one-time" proficiency examination was needed which could be administered by the Indiana State Board of Health to locate those unlicensed persons currently trained to administer medications.
4. A need was cited to field test and revise a proficiency examination before administering it.
5. Needed revision of the five learning modules based on the recommendations of the field test was acknowledged.
6. The necessity for visual aids development to reinforce the five learning modules of the 1975-1976 project year was cited.

7. A need for the preparation of teacher and student booklets to be used with the learning modules was recognized.
8. The need for a teacher's manual to accompany the eight learning modules for the unlicensed medication personnel was established.

Products:

1. A "one-time" proficiency examination was developed, field tested, and revised in preparation for implementation by the Indiana State Board of Health.
2. Five learning modules developed during the 1975-1976 project were revised with visual aids being prepared in support of the modules.
3. Eight new learning modules were developed based on the eight psycho-motor skills identified for unlicensed medications personnel. Task analyses, instructional objectives and criterion-referenced tests were prepared prior to the development of learning modules.
4. Three in-service workshops were conducted prior to the thirteen field testing sites of the eight learning modules.
5. New learning modules were field tested in thirteen sites across the state of Indiana in the geriatric technician program, the licensed practical nurse program, the state hospital medication attendant program, and the nursing home medication aide program.

C. Information Resource

Process:

1. A need was identified to expand the Indiana Health Occupations Educational Training Profile to include institutions offering health occupations programs and their addresses, a guidance section, a health occupations organizations section, and a bibliography.
2. The consultants found one component of the computerized resource system should be developed in order to test the effectiveness of the system.

Products:

1. The Indiana Health Occupations Educational Training Profile was completed.
2. A computerized resource system was designed.
3. The partial development of the scholarship category for the resource system was compiled.

IX. EVALUATION

Specific evaluation procedures have been described in each special section. All three components had one or more committees to review, recommend, and evaluate the activities of the particular section. The General Advisory Committee, chaired by the principal investigator, met regularly to preview plans, review completed data, and make recommendations.

Two outside specialists were contracted to evaluate the computerized resource system. (See Appendix C.5 and C.6 for complete report) With the completion of the final report, an outside evaluator will review the total work accomplished by Project H.O.P.E. during the three year period. This report will not be available at the time the final report is printed, but will be sent to the Indiana State Board of Vocational and Technical Education upon completion.

X. CONCLUSIONS AND RECOMMENDATIONS

A. Competency-Based Teacher Training

Conclusions:

1. Validated teaching competencies have been established for inclusion in competency-based health occupations pre-service and in-service programs.
2. Health occupations competencies specific to the discipline have been identified.
3. Ohio State competency-based teaching modules have been identified that address the validated competencies.
4. The proposed competency-based health occupations pre-service and in-service programs have identified many competencies that need curriculum development.
5. Teacher-Trainer instructional module is ready for presentation to teacher-trainers at the university level using a workshop format.

Recommendations:

1. The Teacher-Trainer instructional module should be presented to university personnel interested in implementing a competency-based curriculum.
2. The competency-based curriculum for competencies identified by the proposed competency-based health occupations education program should be developed (if not currently available) using the guidelines established in instructional module. The pre-service competency-based program should then be implemented at the university level.
3. The validated health occupations teacher competencies should be included in courses used to meet the certification pattern even if the curriculum is traditional.
4. A proposed competency-based in-service program should be adapted for present use at the university level. Once a competency-based program has been implemented, horizontal mobility should be available between in-service and pre-service programs.

5. V-TECS' health occupational inventories should be compared to Project H.O.P.E.'s verified task inventories for development of competency-based student training curriculum. V-TECS' equipment lists should be verified for use in Indiana. V-TECS' health occupations catalogs should be developed into performance-based curriculum.

B. Performance-Based Student Training

Conclusions:

1. The use of the performance-based curriculum delivery system developed by the project was an efficient and effective method for curriculum development.
2. Some visual aids were needed to enhance the competency-based learning modules.
3. A current priority need for the State of Indiana was the development of performance-based curriculum for the unlicensed medication aide.
4. A "one-time" proficiency examination was needed to be given to those unlicensed persons who were currently trained to give medications. The test will be administered by the Indiana State Board of Health.

Recommendations:

1. The competency-based unlicensed medication aide training program should be completed.
2. A training program should be presented to train specific health occupations educators in use of the competency-based program developed.
3. Beginning level competencies should be established for people who have completed the training program.
4. A proficiency examination should be developed to establish competence of the student who has completed the training program.
5. Additional materials should be developed that add to the medication aide training program and could be incorporated into current training programs.

C. Information Resource

Conclusions:

1. The Indiana Health Occupations Educational Training Profile will be beneficial to health occupations coordinators, students, and guidance counselors.
2. The computer resource system developed for Project H.O.P.E. is an efficient, effective and practical means to organize and provide information to teachers and students.

Recommendations:

1. Funds should be provided to Indiana Curriculum Materials Center (ICMC) to employ individual(s) to develop the implementation procedure for computerized system.
2. A computerized resource system should be implemented by ICMC to better serve all the vocational disciplines.
3. The Indiana Health Occupations Educational Training Profile should be disseminated to health occupations coordinators, students, and guidance counselors.

APPENDIX A

COMPETENCY-BASED TEACHER TRAINING COMPONENT

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APPENDIX A

A General Summary and Interpretation of the Work Accomplished by Competency Based Teacher Training Component.

Objectives:

The objectives as specified in the project were:

1. To write task analyses, instructional objectives and criterion-referenced tests for the original five tasks selected during 1975-1976 project year. Appendix A.2
2. To prepare a written evaluation of V-TECS Competency-Based Training Program to determine the compatibility of it for use by Project H.O.P.E. Appendix A.3
3. To prepare written recommendations for use of V-TECS Training Program by Project H.O.P.E. Appendix A.3
4. To compile a list of skills needed by health occupations educators to teach the core cluster of health occupations competencies. Appendix A.7
5. To report on computerized data from the first year questionnaire. Appendix A.4

Methodology:

Roy Larsen and Doug Barney were selected as co-researchers for Competency-Based Teacher Training Component. The primary responsibility of the co-researchers was to write task analyses, instructional objectives, and criterion-referenced tests for the tasks selected during 1975-1976 project. The two men also enlisted the aid of a third researcher, Marshal Gimpel to aid in the preparation of the material.

Shirley Smalley, principal investigator, assumed the responsibility for completing all other objectives of this component.

The stated procedures were followed to meet the objectives of this component.

1. An advisory committee was appointed to advise and react to the material developed by the researchers. A list of the advisory committee, all correspondence and minutes of the meetings appear in Appendix A.9.

2. The researchers met with principal investigator to determine the target population that would use the instructional objectives and criterion-referenced tests. It was decided that the material developed would be organized into a teacher-trainer system design model.
3. Doug Barney and Shirley Smalley attended a V-TECS presentation given for university teacher-trainers by Dr. Bill West and a team of V-TECS developers.
4. Shirley Smalley prepared an evaluation of the V-TECS Training Program to determine the compatibility of it for use by Project H.O.P.E. Mrs. Smalley met individually with Dr. West to discuss the two approaches. (Appendix A.3)
5. Since a specific training plan was not available at the current time from V-TECS, the researchers continued to develop the teacher-trainer system design model.
6. Recommendations for utilization of V-TECS system were prepared by Shirley Smalley. (Appendix A.3)
7. The data from the original questionnaires were analyzed by computer. The computerized data sheets were further studied to determine the significance of the competencies validated by Indiana and Ohio health occupations educators. A weighted system was used to determine a priority listing of validated competencies. (Appendix A. 4)
8. From the questionnaires the validated competencies were also studied in regard to the degree of importance concerning percent of time spent performing tasks, consequence of inadequate performance and time required to train the task on-the-job. (Appendix A.4)
9. The validated competencies identified by Project H.O.P.E. were compared to Ohio Center for Vocational Education modules. The Ohio modules were cited that addressed the competencies identified by the questionnaires. (Appendix A.4)
10. The competencies identified by A Delphi Study, conducted by the University of Maine, and The Nebraska Study, conducted by Nebraska Advisory Council for Vocational Education, were compared to the teaching competencies cited in Project H.O.P.E. A Delphi Study and The Nebraska Study were conducted by vocational educators but did not include any health occupations educators whereas Project H.O.P.E. participants were all health occupations educators. (Appendix A.5)

11. According to the weighted value of each competency, a list of competencies needed by a tradesman before he/she enters a classroom was identified. The competencies of the list were referred as a survival kit. The survival competencies identified by the three studies were compared. (Appendix A.5)
12. A competency-based in-service program was proposed for implementation. (Appendix A.6)
13. According to the weighted value of each competency stated in Project H.O.P.E., a prioritized list of competencies was prepared and compared to competencies identified by A Delphi Study and The Nebraska Study for pre-service educational programs. (Appendix A.5)
14. A competency-based proposed pre-service health occupations education program was formulated which complies with health occupations certification pattern as required by Teacher Education and Certification Handbook (TEACH). (Appendix A.6)
15. Based on the validated data from the questionnaire and prioritized report of professional development component of the project, a list of health occupations competencies needed to teach the core cluster was prepared. (Appendix A.7)
16. Some of the 87 job-entry level health occupations job titles surveyed during the 1976-1977 Performance-Based Student Training Component did not receive sufficient responses to permit validation of specific competencies needed by job incumbent. Three sub clusters resurveyed were medical services (direct and indirect patient services), dental services (direct and indirect patient services), and veterinary services (direct and indirect patient services). The lack of response from specific job title respondees lead the committee to disregard those title in selecting entry level skills to be taught as a part of core cluster to secondary health occupations coordinators. (Appendix A.8)

APPENDIX A.1

COMPETENCY-BASED TEACHER TRAINING RESEARCHERS, SUMMARY RESUME

COMPETENCY-BASED TEACHER TRAINING RESEARCHERS
SUMMARY RÉSUMÉ

ROY E. LARSEN

Received B.A. in English, B.S. in Psychology from the University of Nebraska; M.A. in Instructional Design/Adult Education from Montclair State College. Completed a year of field work/research on teacher training at St. John's University. Training designer and training manager for the U.S. Air Force for several years. Established and operated "store-front" adult education programs for inner-city adults in New York City and Newark, New Jersey. Served as a consultant to Urban Institute, State of New Jersey, Director of Adult Education Programs for Staten Island Community College, City University of New York ('72 - '75). Received federal grants totalling $400,000 for adult vocational and pre-college programs. Designed and conducted teacher training and workshops for both industry and public schools. Currently a civilian employee for the U.S. Army at Fort Harrison: Chief of the Course Development Branch, Training Development Directorate. Responsible for the management and training of military and civilian personnel who are developing training for Active Army, Reserve, and National Guard administrative and finance personnel.

DOUGLAS C. BARNEY

Received a B.S. and M.S. from Butler University in Secondary Education and Curriculum Development respectively. Taught, and was an administrator, in the Indianapolis Public Schools for seven years. Currently a civilian employee for the U.S. Army at Fort Benjamin Harrison. Chief of the Task Analysis Branch, Training Development Directorate. Responsible for the identification, analysis, and publication of materials relating to tasks applicable to the training of over 80,000 Active Army, Reserve, and National Guard administrative and finance personnel. Active consultant to public and private agencies in both Indiana and Illinois.

MARSHAL R. GIMPEL

Received an A.B. in Government and an M.B.A. from the College of William and Mary. Also has received extensive training in the field of Instructional Design within the Army training system as well as at such academic institutions as the University of Michigan and Florida State University. His work experience in the field of Instructional Systems Design - instructor in the Instructional Technology Division at Fort Benjamin Harrison; Chief of the Faculty Development Branch with responsibility for all major staff and faculty basic and advanced training programs; and a member of a task force which designed policies and procedures for the design and implementation of self-paced instruction. Currently serving as a member of the Course Development Branch, Training Development Directorate. Has had previous consulting experience in Virginia and Indiana in the fields of Management and Instructional Design.

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APPENDIX A.2

TEACHER TRAINER SYSTEM DESIGN MODULE

AN INSTRUCTOR'S GUIDE
TO
DERIVING INSTRUCTIONAL OUTCOMES

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IV. Glossary and Reference List.. 63

THE "PACKAGE"

This package is based on six tasks that have been identified as being essential to the instructor. These tasks address six important questions which must be answered if effective and efficient instructional design and implementation is to take place.

TASK	ANSWERS THE QUESTION
Derive tasks	What are those things a qualified performer does on the job?
Select tasks	Given my resources, what should I teach?
Analyze a task	How is the task done by a qualified performer?
Write a performance objective	How do I realistically handle this task in the instructional environment?
Derive interim objectives	What skills and knowledges are inherent to the main objectives?
Construct a criterion test	How do I know if and when my students can accomplish my objectives?

This package is not all inclusive. There are other tasks important to the teacher, tasks such as

--Analyze student entry characteristics

--Do performance analyses

--Select a training site

--Sequence objectives

--Specify learning events and activities

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--Select media

--Select student management plan

--Conduct developmental testing

--Develop instructional modules

-- and on, and on . . . .

The tasks we selected are those we feel will provide the best foundation and transfer to a total competency-based teacher education program.

Contents

This package is not a complete instructional module. It is a framework from which an instructor experienced in criterion-referenced techniques can design and/or present a course that is tailored to his and his students' needs.

The package contains four sections.

Section I. Objectives

A terminal performance objective has been written for each of the tasks. Interim objectives have not been included. The skills and knowledges (as described by interim objectives) that have to be learned will vary from audience to audience. Once the instructor has analyzed his student entry characteristics and determined those specific techniques he wants to use, he should derive the required interim objectives.

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Section II. Task Analysis

The analyses describe how the tasks are performed on the job. They were not written to teach the student. They are tools for the instructor to use in planning and presenting his course. However, once the student has been trained on the task, the analysis can be used as a performance or job aid.

Section III. Criterion Tests

The tests in this section measure the objectives in Section I. In fact, with some minor wording changes, they are almost identical to the objectives. A word of warning: If you make changes to the tests, to tailor them to your situation, be sure to make the changes to your objectives. There must be a match between the two.

Section IV. Glossary and Reference List

No attempt has been made to key references to specific tasks or task components. As we try this package in the field, along with keeping a keen eye out for deficiencies, we will be keeping close track of those references which proved most helpful. When revisions to the package are made, we will key the references as specifically as possible.

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I

OBJECTIVES

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OBJECTIVE

- For an area within your field of expertise,
- Using any source documents that are available and you feel will assist you (i.e. texts, regulatory guidance, job procedures, job descriptions, etc.),
- Derive a minimum of 25 tasks.
- Each task derived must meet the following criteria.
  - a. Contain a verb and object.
  - b. Be observable.
  - c. Be measurable.
  - d. Have a definite beginning and end.
  - e. Be done for its own sake in the eyes of a qualified performer.
- At least one other qualified performer must agree that the tasks derived are actually inherent to the sources used.

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OBJECTIVE

- From a list of 25 tasks in your area of expertise, and using any available resources you choose.
- Select 15 tasks for training.
- The tasks selected must be justified (as appropriate) in terms of:
  - —Percentage performing.
  - —Learning difficulty.
  - —Criticality.
  - —Regulatory Guidance.
- Additionally, your list of selected tasks must meet the approval of another qualified performer.

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OBJECTIVE

- Using any available reference material you choose.
- Analyze two of the tasks you have selected for training.
- At least one of the tasks must be analyzed using a variable analysis method.
- The resulting analysis must have:
  - a. Clearly identified cue(s) to performance.
  - b. The key steps of the task written in behavioral terms.
  - c. Internal logic.
  - d. Clearly identified task beginning and end points.

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Task: Write a Performance Objective

OBJECTIVE

- From any source (tests, texts, analysis, task lists, etc.).
- Select three behaviors (skills) that you feel are important and write a performance objective for each.
- Each objective must contain:
  - a. A behaviorally stated action (describing what the student will do).
  - b. The conditions under which the action will be done.
  - c. The standards (criteria) against which the action will be measured.
- Additionally, the objectives must:
  - a. Clearly communicate the intended instructional outcomes to at least one other qualified performer.
  - b. Be applicable to a learning and testing environment.

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OBJECTIVE

- Using any available resources you choose, for one of your performance objectives, (approved by the facilitator):

- Derive interim objectives to the level needed to meet the entry skills of your student population.

- Each objective derived must be:

  a. In the form of an action verb and object. Standards are not necessary. Conditions need be included only if they significantly change the action.

  b. Pre-requisite to the higher objective it supports.

  c. A meaningful skill (as opposed to a step in the process or a content label).

- In addition, you must have another qualified performer agree that criteria b and c have been met, and that you have met the entry level of your student population.

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OBJECTIVE

- For two of the performance objectives that you have written,
- Construct a criterion test for each.
- Each test must:

    a. Meet the conditions of the objective.

    b. Call for the same behavior(s) described by the objective.

    c. Not require any irrelevant behaviors.

    d. Contain a rating/scoring device that is applicable to the behavior being assessed.

    e. Adequately sample the conditions and behavior(s) of the objective.

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II

ANALYSES

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TASK ANALYSIS	DATE SEPT 77	PAGE 1 OF 3 PAGES

TASK STATEMENT: (STATE AS AN ACTION VERB WITH AN OBJECT.)	TASK NUMBER
Derive Tasks	1

CUES: (LIST EVENTS WHICH INITIATE TASK PERFORMANCE.)	GO TO STEP	CONDITIONS/NOTES
Requirement, from any source, to determine training tasks.	1	

DECISIONS AND/OR STEPS: (STATE DECISIONS AS YES/NO QUESTIONS.) (STATE STEPS AS SUBTASKS.)	DECISIONS YES	DECISIONS NO	GO TO STEP	CONDITIONS/NOTES
1. Are qualified job performers available to assist you?	4	2		
2. Are you a qualified job/subject matter expert?	5	3		
3. Delay analysis until qualified assistance is available.			1	
4. Establish working group.			5	
5. Identify/collect available resources.			6	Resource persons, texts, regulatory materials, job descriptions, evaluative check-lists, existing task lists.
6. Identify and list major job elements: major skills and knowledge required of the job incumbent.			7	
7. Examine first/next element listed.			8	
8. Is the element described by using a verb and object?	10	9		
9. Assign a verb (or verbs) and object that best describe(s) required performance.			10	
10. Does the action described by the statement have a definite beginning and end?	11	18		
11. Could a technically qualified observer determine if the action, as described, has been performed? (is it observable?)	12	18		

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TASK ANALYSIS	PAGE 2 OF 3 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
12. Could a technically qualified observer determine if the action, as described, has been properly performed? (is it measurable)?		13	18		
13. Can a single repetition of this action be performed in a relatively short period of time?		14	18		
14. Does the statement describe an action that is done for its own sake in the eyes of a qualified performer?		15	18		NOTE: See step 20 and accompanying note if you have difficulty answering this.
15. Statement is a task.				16	
16. Are there any remaining elements on your original list?		7	17		List developed in step 6.
17. Have any elements been identified as goals?		24	35		
18. Can the statement be revised (rephrased) without changing its scope or intended meaning?		19	20		
19. Revise statement.				10	
20. Can the statement be combined with one or more other statements so that the resulting statement would meet the criteria in steps 10 - 14?		21	22		NOTE: In many cases your original listing will contain task elements--parts of a task which would meet task criteria if combined.
21. Combine statements and check results with steps 10 - 14.				16	
22. The precise behavior called for by the statement is not clear (is abstract).				23	NOTE: Statement is probably a general and/or affective goal.

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TASK ANALYSIS PAGE 3 OF 3 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
23. Record statement (goal) on a separate listing.			16	
24. Select first/next goal.			25	
25. Identify and list indicators which are acceptable evidence of goal achievement.			26	NOTE: Through "Brainstorming" process or group session identify those things that a master performer does to achieve this goal.
26. Delete any duplications.			27	
27. Does the list of indicators for this specific goal contain any indicators, that are themselves goals?	28	29		NOTE: The process in step 25 will often generate further abstractions.
28. Repeat Steps 25 - 27 for each additional goal.			29	
29. Are any of the resulting indicators irrelevant or duplications?	30	31		group consensus
30. Delete irrelevant/duplicate indicators			31	
31. Does each remaining indicator represent a task IAW criteria in steps 10 - 14?	33	32		
32. Repeat steps 18 - 21 for each indicator that does not meet task criteria.			18	
33. Would the ability of one to perform these tasks satisfy you that the goal has been achieved?	34	25		
34. Are there any more goals to analyze?	24	35		List from step 23
35. Compile a complete listing of all tasks derived.			EOT	

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TASK ANALYSIS	DATE SEPT 77	PAGE 1 OF 4 PAGES

TASK STATEMENT: (STATE AS AN ACTION VERB WITH AN OBJECT.)	TASK NUMBER
Select Tasks for Training	2

CUES: (LIST EVENTS WHICH INITIATE TASK PERFORMANCE.)	GO TO STEP	CONDITIONS/NOTES
1. A new course is being prepared. 2. Performance deficiency on the job. 3. New equipment/technique is included in a job.	1	

DECISIONS AND/OR STEPS: (STATE DECISIONS AS YES/NO QUESTIONS.) (STATE STEPS AS SUBTASKS.)	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
1. Is sufficient job/task data available on which to base task selection?	3	2		Listings, field surveys, technical literature, texts, etc.
2. Delay task selection pending the availability of job/task data.			1	
3. Is the data arranged as task statements?	5	4		
4. Derive task statements from source data.			5	NOTE: See separate analysis, Derive Tasks
5. Are qualified job incumbents available to assist with the selection process?	6	7		
6. Form working committee to collect tasks.			10	
7. Are you a qualified job incumbent or subject matter expert?	10	8		
8. Is there sufficient data describing training deficiency/need for a non-expert to select tasks?	10	9		NOTE: Selection of training tasks by other than job/subject matter experts should be done only when critical requirements for immediate selection exist.

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TASK ANALYSIS ; PAGE 2 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
9. Delay task selection pending availability of assistance of job incumbents.			5	
10. Compare task list with current job descriptions, field requirements, training directives and any available performance deficiency data.			11	
11. Does the list contain any obsolete tasks?	12	13		
12. Delete obsolete tasks.			13	
13. Are there any tasks that should be considered for training which do not appear on the list?	14	15		
14. Add newly identified tasks to the list.			15	
15. Is empirical data available for any of the following: a. percentage of population performing the task? b. Learning difficulty? c. Criticality to job?	16	17		Incumbent and/or supervisory surveys.
16. Reference empirical data in applying criteria in steps 19-22.			18	
17. Apply criteria in steps 19-22 using individual/committee judgment.			18	
18. Examine first/next task listed.			19	
19. Is the percentage of the job incumbent population performing the task great enough to warrant selection?	20	22		NOTE: If a designated selection formula or cut-off exists for the criteria, in steps 19-22, apply these formulae. If not, use individual/group judgment.
20. Is the task difficult enough to warrant selection for training?	21	22		
21. Is the relative importance of the task great enough to warrant selection for training?	23	24		
22. Does criticality of the task to job performance warrant the overriding of this criteria?	23	24		

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TASK ANALYSIS	PAGE 3 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
23. Tentatively identify task as "selected for training."				25	
24. Tentatively identify task as "non-selected."				25	
25. Are there any remaining tasks on your list?		18	26		List resulting from step 14
26. Are there any existing requirements that necessitate your including "non-selected" tasks in training?		27			Safety, cost, institutional goals, personal goals, student goals, directives, legal requirements, etc.
27. Select task for training.				28	NOTE: Annotate task list indicating reason for selection.
28. Are there any unremovable constraints that preclude the training of all your "selected" tasks?		29	31		
29. Rank "selected" tasks, giving priority to tasks selected due to their criticality.				30	NOTE: For tasks selected based on step 26, carefully consider the source of the requirement and assign appropriate ranking.
30. Eliminate tasks beginning at the bottom of the list until all constraints have been satisfied.				31	
31. Prepare final list of "Tasks Selected for Training."				32	
32. Prepare List of "Tasks not-selected for Training," indicating reason for non-selection of each task.				33	NOTE: 1. Constraint removal may allow for future selection. 2. Validation/field feedback may require future selection.

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TASK ANALYSIS	PAGE 4 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
33. Does final task selection authority rest with selector/committee?		34	36		
34. Validate task list with mob incumbents.				35	
35. Revise task list based on validation.				EOT	
36. Submit to approving authority for confirmation/validation.				EOT	

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TASK ANALYSIS	DATE SEPT 77	PAGE 1 OF 4 PAGES

TASK STATEMENT:	TASK NUMBER
Analyze A Task	3

CUES: (LIST EVENTS WHICH INITIATE TASK PERFORMANCE.)	GO TO STEP	CONDITIONS/NOTES
1. A task is identified for training and for further development you need to identify/clarify/verify: a. Task beginning and end, and/or b. Task component parts, and/or c. Procedures/steps for task completion, and/or	1	
2. Need to review/revise a completed task analysis	17	

B. DECISIONS AND/OR STEPS: (STATE DECISIONS AS YES/NO QUESTIONS.) (STATE STEPS AS SUBTASKS.)	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
1. Do you have expertise in the content area and/or performance of this task?	4	2		
2. Are qualified performers or subject matter experts available to assist you?	4	3		
3. Delay analysis until qualified assistance is available			1	
4. Collect source data that address this task			5	Texts, Training Manuals, Regulatory Guidance, Established procedures, etc.
5. State the cues that initiate the task			6	
6. Select an analysis technique appropriate to the task being analyzed using the following as a selection guide: a. Use a variable analysis (matrix, flowchart) when: —the task is highly technical, —the task contains numerous decision points and consequent branches and/or sub-routines, —the task is primarily procedural, —verification/clarification or the establishing of standard, definitive procedures are desired			7	

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TASK ANALYSIS	PAGE 2 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
b. Use an outline or task detailing procedure when: — a high level of detail is not necessary; — definitive procedures are not necessary or feasible; — clear, definitive procedures are easily identified in existing references.				7	
7. Determine first/next step of the task.				8	
8. Does first/next step call for a decision?		10	9		
9. Write first/next step as a declarative statement, using behavioral terms				15	
10. Is this a variable analysis?		11	13		
11. Write the first/next step as a question requiring a "yes" or "no" response.				12	
12. Provide subsequent "answers" to the question for both positive and negative responses until all alternate paths have been completed.				15	
13. For outline or detailing analysis, write a declarative statement that reflects the possible choices.				14	
14. Qualify subsequent steps to show the choices they address				15	
15. For each step identify any conditions that must exist for the step to be carried out.				16	Note: It is not necessary to restate conditions that are obvious or implicit in the steps themselves.
16. Are there any remaining steps?		7	17		
17. Determine if all essential components of the task are present; note errors.				18	Steps 17-22 are criterion checks for a completed task analysis.

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TASK ANALYSIS	PAGE 3 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
18. Identify any problems in the logic flow, paying special attention to branches and sub-routines; annotate analysis				19	
19. Insure all task completion points are clearly identified; annotate any problem points on the analysis				20	
20. Identify any steps that are not written behaviorally (are ambiguous); annotate the analysis				21	
21. Determine if all essential cues to performance are in the analysis (stated separately for initiating cues; implied by the steps themselves for internal cues.) Annotate analysis				22	
22. Determine if all necessary conditions have been stated in the analysis; annotate analysis.				23	
23. Does the level of detail of the analysis fit your requirements?		26	24		
24. If the analysis (or parts) contains insufficient detail, prepare adjunctive notes using the steps in the analysis as your starting point.				25	Note: Some analyses may not be consistent in the level of detail used. They may be over-detailed in places, under-detailed in other places.
25. If the analysis (or parts) is overly detailed for your purposes, annotate (highlight) those keysteps that appear at a level that meet your requirements.				26	
26. Revise analysis based on notes/annotations made in steps 17-25.				27	Note: If you did not do this analysis yourself, do not change it without coordination with the preparer. Your notes should allow you to proceed with development.

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TASK ANALYSIS	PAGE 4 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
27. Validate (face validations) the analysis on subject matter experts/job performers.			28		
28. Revise analysis, as required, based on validation results			EOT		

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TASK ANALYSIS	DATE SEPT 77	PAGE 1 OF 4 PAGES

TASK STATEMENT: (STATE AS AN ACTION VERB WITH AN OBJECT.)	TASK NUMBER
WRITE PERFORMANCE OBJECTIVES	4

7. CUES: (LIST EVENTS WHICH INITIATE TASK PERFORMANCE.)	GO TO STEP	CONDITIONS/NOTES
Requirement to identify and state a behavior in terms that communicate a learning outcome: GIVEN: a. Tasks, from any source b. Tests c. Texts d. Classroom activities e. Curriculum requirements f. Regulatory guidance g. Task analysis	1	

8. DECISIONS AND/OR STEPS: (STATE DECISIONS AS YES/NO QUESTIONS.) (STATE STEPS AS SUBTASKS.)	DECISIONS YES	DECISIONS NO	GO TO STEP	CONDITIONS/NOTES
1. Select the performance/skill for which this objective will be written.			2	Tests, Text, Checklist, Regulatory Guidance, Classroom activities, etc.
2. Is the performance described in terms of what the student will do? (as opposed to what the instructor or materials will do).	4	3		
3. Revise performance statement to reflect the behavior required of the student.		4		
4. Is the performance described as an observable act by using an action verb and object?	6	5		
5. Revise performance statement by identifying and naming an action verb and object that is observable and reflects the desired behavior.			6	See Taxonomies, Verb lists.
6. Can the action as described, be improved (further clarified) by the addition of a qualifying verb?	7	8		
7. Add qualifying verb		8		
8. Can the action as described be subjected to measurement within the learning and testing environment?	12	9		
9. Can the action be modified without sacrificing fidelity?	10	11		

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TASK ANALYSIS	PAGE 2 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
10. Restate action				2	
11. Identify and name an indicator of performance that you'll accept as evidence of achievement in the learning and testing situation.				12	NOTE: When sacrificing fidelity for the learning and testing situation be careful not to deviate too far from the original skill. See available toxonomies for guidance.
12. Are there any special qualifiers to or conditions under which this behavior will be observed and measured? Conditions that: a. limit the behavior b. expand the behavior c. exclude acts that will not be accepted as evidence of achievement.		13	20		NOTE: It is not necessary to state obvious conditions mutually understood by learner and evaluator.
13. List qualifiers and/or conditions.				14	
14. Are there any conditions of performance which are inherent to the "real world" task but cannot be duplicated in the learning environment?		15	20		Due to safety, cost, practicality, time, etc.
15. Can substitute or simulated conditions be used?		16	17		
16. Revise list of conditions to reflect substitutions or simulations.				18	
17. Delete condition				18	
18. Does the deletion of alteration of any conditions affect the behavior as described?		19	20		
19. Rewrite action statement to best reflect desired behavior under the required conditions.				20	
20. Identify all information, materials and aids the performer will be given or have access to.				21	

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TASK ANALYSIS	PAGE 3 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
21. Write a complete statement of conditions based on steps 11 - 19.				22	
22. Will this behavior result in a measurable product that will be assessed?		23	24		
23. Identify and list those important product characteristics that will be assessed.				24	
24. Will the process of the behavior be assessed?		25	26		NOTE: If you answered NO to Step 22 you must answer YES here. If you cannot, you do not have an observable behavior. If thi is the case, go back to Step 1.
25. Identify and list those steps and decisions (and sequence if applicable) that will be assessed.				26	
26. Identify and record the qualitative and/or quantitative measures of the product and/or process that are the lower limit of acceptable performance.				27	Time, percentages, necessary attributes, etc.
27. Write a complete statement of standards based on steps 21 - 25.				28	
28. If there is any question as to the composition or qualitative and quantitative limits of your standards, annotate your statement of standards to reflect your concern and to signal possible modification based on future input.				29	NOTE: Non-absolut no precedent; lac of consensus, etc. This will be resolved or removed prior to giving the objective to the student.
29. Incorporate the performance (action), conditions, and standards, into a desired format.				30	

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TASK ANALYSIS	PAGE 4 OF 4 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
30. Does the completed objective : a. Describe an intended outcome of instruction ? (as opposed to a description or summary of content), and b. Describe what the learner must do? and c. Communicate the instructional intent of the writer?		EOT	31		
31. Revise as necessary.				EOT	

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TASK STATEMENT: (STATE AS AN ACTION VERB WITH AN OBJECT.) Derive Interim/Supporting Objectives	TASK NUMBER 5

CUES: (LIST EVENTS WHICH INITIATE TASK PERFORMANCE.)	GO TO STEP	CONDITIONS/NOTES
A terminal behavior in the form of a performance objective - Need to determine supporting/enroute/enabling/subordinate skills.	1	

8. DECISIONS AND/OR STEPS: (STATE DECISIONS AS YES/NO QUESTIONS.) (STATE STEPS AS SUBTASKS.)	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
1. Select objective (Terminal Behavior).			2	Performance objective with action, conditions and standards.
2. Does this objective clearly communicate the instructional intent of the writer; and a) describe an intended outcome of instruction? b) describe what learner must do? c) describe conditions and standards of performance?	4	3		
3. Revise objective.			4	NOTE: See "write performance objectives."
4. Can the objective be divided into its primary composite skills by identifying and naming its major prerequisite skills? (Virtually any objective can be subdivided, however, the interim skills are not always readily apparent.)	11	5		NOTE: Meaningful sub-skills not performance steps. NOTE: Work from the entire objective including conditions and standards.
5. Can the objective be divided into major activities (Key-steps/sub-routines/etc)?	6	7		See objective's standards.
6. Do these activities suggest major prerequisite skills?	11	7		

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TASK ANALYSIS PAGE 2 OF 2 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
7. Can the objective be divided into indicators of acceptable performance or product characteristics?	8	9		See objective's standards.
8. Do these activities suggest major prerequisite skills?	11	9		NOTE: In steps 5-11 you may be using steps in the process or content areas as starting points to uncover skills; however, it is critical to remember you want to end up with skills not performance steps or content areas.
9. Using a "brainstorming" process, can you construct a topic outline of listing of skills and knowledges that fall within this objective?	10	14		
10. Does this outline/listing suggest major prerequisite skills?	11	14		
11. Record each skill as a brief statement (3 or 4 words) beginning with an action verb and containing an object.			12	
12. Are there conditions for any of these skills that would significantly change the type of action?	13	14		NOTE: It is not necessary to identify conditions at this point that do not significantly change or qualify the action.
13. Add conditions to those applicable action statements.			14	NOTE: These are your interim objectives. Full conditions and standards will be added later.
14. Do your interim objectives (or your original objective if no interim objectives were derived) meet or are lower than the entry characteristics of the student population?	16	15		Student entry characteristics.

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TASK ANALYSIS	PAGE 3 OF 3 PAGES	DECISIONS		GO TO STEP	**CONDITIONS/NOTES**
		YES	NO		
15. Following the procedures in steps 4-13, subject each interim objective to further division until student entry characteristics are met.				16	NOTE: If you are at this point with only your original objective, you are to re-attempt deriving interim objectives.
16. Reviewing all interim objectives derived, a) Are all stated in behavioral terms, starting with an action verb and containing an object? b) Is each objective prerequisite to the higher skill it supports? c) Does each objective represent a meaningful skill (as opposed to a step in a process or a content label)? d) Have all skills necessary to the terminal behavior been identified?		18	17		
17. Revise objectives as necessary.				18	
18. Write conditions and standards for each interim objective.				EOT	See "write performance objectives."

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TASK STATEMENT: (STATE AS AN ACTION VERB WITH AN OBJECT.)

Construct a Criterion Test

TASK NUMBER

6

CUES: (LIST EVENTS WHICH INITIATE TASK PERFORMANCE.)

A performance objective. Need to construct an instrument to assess student performance in terms of attainment/non-attainment of a given objective.

B. DECISIONS AND/OR STEPS:
(STATE DECISIONS AS YES/NO QUESTIONS.)
(STATE STEPS AS SUBTASKS.)

Two qualifications to the following analysis.

A. This analysis is for the task, construct a criterion test. This is a test that measures the behavior called for by a given objective whether that behavior be labled "performance," "knowledge," or "skill." The semantic problems surrounding these three terms are immense; to attempt to distinquish between them here serves no useful purpose. For those of you who insist that only "performance" tests are allowable, we promise you this: if the objective calls for this "performance," the test resulting from this analysis will be a "performance" test.

B. This analysis makes no attempt to detail the basics of test design that are not specific to criterion testing. (Unless their exclusion would destroy the logic /or clarity of the analysis.) There are a myriad of texts on educational testing that can and should be used by the novice to supplement this analysis.

DECISIONS AND/OR STEPS	DECISIONS YES	DECISIONS NO	GO TO STEP	CONDITIONS/NOTES
1. Select an objective.			2	
2. Does the objective clearly communicate the instructional intent, that is	4	3		See "Special Note" below.
a. Does it describe a learning outcome?				
b. Does it have a behaviorally stated action statement?				See "Write Performance Objectives."

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TASK ANALYSIS PAGE 2 OF 7 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
c. Does it have conditions and standards of performance?				
d. Can it realistically be subjected to a learning and testing environment?				
3. Revise the objective.			2	See "Write Performance Objectives."
SPECIAL NOTE: This analysis operates on the premise that the performance objective is the ultimate test. If you have a well written objective, you already have the basis of your test. The following steps will help you address varying styles of objectives and perhaps further clarify an objective or modify it to meet the constraints of your testing environment; but these steps are not sufficient to correct a poor objective.				
4. Is the action statement of the objective in overt terms?	6	5		Directly observable as opposed to inferred.
5. The objective depicts a covert action. Select an indicator and/or add a qualifier that makes the action overt.			6	Be sure the indicator and/or qualifier does not change the main intent of the objective.
6. Is this action the simplest and most direct way to test the objective? That is	9	7		Consider your student characteristics.
a. It does not obscure the main intent.				
b. It does not require additional skills that are not germane to this objective.				
c. It does not call for a response mode beyond the capabilities of your target audience.				
7. Revise action.			8	WARNING: Whenever possible avoid substituting verbs. When it *is* necessary, be careful not to change the primary behavior.

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TASK ANALYSIS	PAGE 3 OF 7 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
8. Can the conditions of the objective be used, as stated, in this testing situation? (That is, there are no environmental, economic, managerial, or administrative constraints that preclude the use of the stated conditions.)		12	9		
9. Can the conditions be simulated or otherwise modified without changing the main intent of the objective?		11	10		
10. Re-examine the objective.				2	
11. Draft description of simulated or modified conditions.				12	
12. Are the conditions varying? That is, will it be necessary to test the action separately to address different conditions?		13	15		
13. Draft descriptions of items (or testing situations) that sample the range of conditions.				14	
14. Review items/situations from Step 13 insuring that a. All meet the main intent of the objective. b. Your sampling is sufficient to satisfy the requirements of the objective.				15	
15. Would a single performance of the action satisfy you that the objective has been met?		17	16		NOTE: Be sure to consider each item addressing a distinct condition or set of conditions.
16. Draft descriptions of additional items/situations needed, insuring that all items addressing the same conditions are equivalent.				17	Use of the same action verb should insure equivalency. Be careful if you use synonyms.
NOTE: At this point you should have a draft of one or more test items/situations that meet the conditions and action of your objective. The following steps are concerned with the results of this combination(s). To avoid clumsy wording problems, only the word "item" will be used from here on out. We realize you may have several "items," but, as you will soon see, what is said of one "item" applies to all items.					

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TASK ANALYSIS	DECISIONS		GO TO STEP	CONDITIONS/NOTES
	YES	NO		
17. Does this item result in an end product that will be assessed?	18	25		Student construct something or selects an answer
18. Does the action require the student to "construct" the product?	19	22		. As opposed to selecting it from a pool of alternatives. (. This product can range from a thesis to a one word answer.)
19. Do the standards of the objective provide enough detail to serve as the rating/scoring device of the product?	25	20		
20. Construct a product rating/scoring key to include, as applicable a. All acceptable answers. b. Indicators/attributes that must be present. c. Identification of characteristics that cannot be present. d. Description of the range/limits needed to make a go/no-go decision on the product.			21	See "any standard text on educational testing."
21. Insure your scoring requirements do not exceed or fall below the criteria stated in the objective.			25	
22. A selection response is required. Does the action and/or conditions mandate a specific type or format of selection response?	24	23		Matching, multiple choice, etc.
23. Select a selection response format that meets the intent of the objective.			24	See "any standard text on educational testing."
24. Construct pool of alternative selections appropriate to the format, being sure to address and stay within the parameters of the conditions. -- The pool will contain the correct choice along with plausible but incorrect choices.			25	NOTE: The conditions will often define limits of alternatives, e.g from a list of drugs, choose....

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TASK ANALYSIS	PAGE 5 OF 7 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
25. Does the action and conditions of the item require the assessment of a process, that is a. Does the correctness of the outcome or the quality of the product depend directly on the performance of a specified procedure? b. Can the extent to which an individual deviates from accepted procedure be accurately measured? c. Is the evidence needed to evaluate the performance found in the way the performance is carried out?		26	30		NOTE: If you answered "no" to Step 17, you must have a "yes" here. If you do not, you have nothing to test. If this is the case, return to Step 2.
26. Will enough staff or qualified observers be available to observe, record and score the procedures used during the test?		29	27		
27. The evaluation of the process is not practical. Can your item be revised to yield a product from which the students ability to perform the process can be reasonably inferred? Or, if the item called for both product and process, will product alone suffice?		28	2		e.g.-Describe the steps in a procedure. Construct a plan, etc.
28. Revise conditions and action of the item so that it calls for a product.				17	WARNING: You are on dangerous grounds here. Once you do this you can't help but stray from the main intent of the objective. If you feel you are deviating too much, go to Step 2.
29. Construct a check list for scoring the item, that a. contains the events and activities that are time and job sequenced. b. identifies those steps that are critical so distinction between "good" and "bad" can be made. c. is designed so that the instructor/observer can readily note presence or absence of action. d. the standards of which are derived from the objective.				30	See "standard text on educational testing."

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TASK ANALYSIS	PAGE 6 OF 7 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
30. Review test item for accuracy, clarity, and adherence to the intent of the objective. Revise as necessary.				31	If resources and time permit, have a face validity check done by a qualified performer.
31. Prepare administration procedures and instructions using the following as a guide. a. Student instructions . Clear in language appropriate to student. . Detailed enough to adhere to the conditions of the objective. . Tell the student how he will be rated. . Do not "give away" the response by furnishing too much cookbook information. . Provide example of how to respond (when appropriate). b. Facilitator/Tester instructions (in addition to above). . Minimum/maximum number of students to test simultaneously. . "Set-up" procedures and requirements. . If the test, is process scored, detailed instructions on the use of scoring criteria (checklist). c. Scoring instructions Provide enough detail to insure evaluator can properly apply . Checklists for process scoring. . Rating/scoring key for products. . Answer key for "selections."				32	See any standard text on educational testing.
32. Conduct technical review with . qualified performer to verify content accuracy. . instructor/designer to verify that the total amount of information the test conveys includes - desired behavior - the conditions and directions calling for the behavior - the criteria as identified in the scoring keys.				33	An "impartial" instructor designer should do this by comparing test to the objective.

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TASK ANALYSIS	PAGE 7 OF 7 PAGES	DECISIONS		GO TO STEP	CONDITIONS/NOTES
		YES	NO		
33. Is this test being developed for a single administration?		36	34		
34. Validate tests (small group) with a master/non-master population.				35	
35. Note and correct deficiencies identified during validation.				36	
36. Administer to the student population for which it was designed.				37	
37. Did initial administration reveal deficiencies?		38	37		
38. Revise as necessary.				39	NOTE: In actuality you should continue with the administration/revision process until established validation criteria are met. Or, in the absence of established validation criteria, until you are satisfied that the test is a valid instrument.
39. Construct alternate versions of the test as needed for . Pre-tests . Alternate post-tests . Student practice/self-tests.				EOT	

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III

CRITERION TESTS

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Task: Derive Tasks

CRITERION TEST

- Derive a minimum of 25 tasks.

  1. Select a specific area within your field of expertise. (Choose an area broad enough to yield 25 meaningful tasks).

  2. You may use any resources available to you (technical references, instructional materials, notes, etc.).

  3. Your tasks must meet the following criteria:

     Each must:

     - Contain a verb and object.
     - Be observable.
     - Be measurable.
     - Have a definite beginning and end.
     - Be done for its own sake in the eyes of a qualified performer.

- At least one other qualified performer must agree that the tasks derived are actually inherent to the resources used.

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EVALUATION

- To the Facilitator

The number of tasks to be derived (25) is arbitrary. The intent in the learning situation is not to have the student derive all the tasks inherent in a job or job area. This would be too time consuming, and probably too much to expect of a novice. In addition, the comprehensiveness of the task list would be impossible to evaluate within the learning and testing environment.

Although 25 tasks seems to be a reasonable number, if it presents a problem, you have a couple of options.

1. Reduce the number--this would be done in cases where time is a factor or the source documents available to the student are limited.

2. If the student is having difficulty deriving 25 tasks from a specific area and you feel the reason is that the area was too narrow, you can have him select an additional area to work on.

Remember! Any modification to the test should also be reflected in the objective.

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Task: Derive Tasks

You may allow pairs of students to work on the test together, a set of 25 tasks for each participant.

Even if you are not an expert in the student's field, most test deficiencies will be obvious (see check list). However, if you feel that your lack of subject/job expertise precludes you from making a valid assessment on any of the criteria, you can have the task(s) assessed by another qualified performer. This may be necessary for items 6, 7, and 8 on the checklist. If another qualified performer is not available, work through any questions or doubts with the student himself.

- Common Errors

Be alert for two most common errors:

1. Goals are recorded as tasks. This would result in a "no" for one or more of items 3, 4, 5, and 6 in the checklist. Be prepared! You'll soon learn that people will argue this point (goals are tasks) to the death.

2. Pieces of a task are recorded as tasks themselves. This should result in a "no" for item 7. Be careful here; what is a "task" for one performer may just be part of a task for another (or vice-versa).

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Task: Derive Tasks

FACILITATOR CHECKLIST

	YES	NO	COMMENTS
1. The specified number of tasks have been derived.			
2. Each task contains a verb and object.			
3. Each task reflects an observable activity.			A qualified performer could tell if it's being done.
4. Each task reflects a measurable activity.			A qualified performer could tell if it's done properly.
5. Each task describes an activity which has a definite beginning and end.			
6. Each task represents an action which is done in a relatively short period of time.			
7. Each task represents an action done for its own sake in the eyes of a qualified performer.			
8. Each task is inherent to the sources used for this test.			To insure tasks are not pulled from left field.
A "yes" for all items is required.			

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Task: Select Tasks for Training

CRITERION TEST

1. Get a listing of at least 25 tasks that are derived from your field of expertise. Have the list approved by your facilitator.

2. From this list of 25 tasks, select the 15 you feel are most appropriate for training. Justify your selection for each task.

3. You may use any available resources you choose (technical references, reports, statistical data, instructional guidelines, etc.).

4. You will be evaluated on the following criteria:
    a. Only 15 tasks will be selected*.
    b. Selection can be justified in terms of the following:
        —Percentage performing.
        —Learning difficulty.
        —Criticality.
        —Regulatory Guidance.

5. The tasks selected must meet the approval of another qualified performer.

*We realize that limiting you to a specific number of tasks may be rather artificial and can present you with some problems. For example, you may decide all the tasks should be trained. However, it is the rare instructor who has the resources (and the autonomy) to teach everything that he feels is important (not if he intends to do it well anyway). "Task Selection" forces you to establish priorities.

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EVALUATION

- To the Facilitator:

You are evaluating the student's ability to establish priorities and to apply specific criteria to the task selection process. Thus you must be convinced that the justification given for each task selected is sound (see checklist). If there is doubt, have the student explain his reasoning to you verbally. (He may be paraphrasing the criteria poorly).

- Common Problems

1. You may find the student insisting that more than 15 tasks need to be selected. Indeed, maybe all the tasks do fit the selection criteria. However, an important part of the objective is establishing priorities; (we seldom have the luxury to teach all we should). Insist on the "15 Task" criteria.

2. There is a tendency to isolate the "Percentage Performing", "Task Difficulty", and "Task Importance" criteria. One or two of these criteria without the third is not sufficient grounds for task selection; (Unless there is a "criticality" or "regulatory" override).

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3. "Criticality" often becomes the catch-all for "everything I want to teach". If you feel the student is overusing this criteria, question him further on it. This would be a good point for reality testing with another qualified performer.

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Task: Select Tasks for Training

FACILITATOR CHECKLIST

✓

1. Only 15 tasks were selected.

2. One other qualified performer agrees with the task list.

3. Justification for each task compares with the contents of at least one of the following boxes.

Significant percentage of the population perform the task.

plus

The task is difficult enough to warrant training.

plus

The task is important enough to justify training.

OR

Criticality of the task warrants overriding "Low Percentage" or "Low Learning Difficulty".

OR

There is regulatory guidance that mandates training.

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CRITERION TEST

ANALYZE TWO TASKS

1. Choose two of the tasks you have selected for training. Do not choose tasks that you have already worked on. Have the tasks approved by the facilitator before beginning.

2. You may use any resources available to you (technical references, instructional materials, notes, etc.).

3. Analyze both tasks. Use a variable analysis method for at least one of the tasks.

4. Each analysis must meet the following criteria:

—Cues to performance must be stated.

—All the key steps in the task must be present--written in behavioral terms.

—The analysis must have a logical step-to-step flow.

—Task beginning and end points must be clearly identified.

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EVALUATION

- To the Facilitator

Be sure to check the student's tasks before he starts the test. The tasks should not have been previously worked on during the course.

If any of the tasks appear overly large or complex, you may suggest the student choose another. However, if he persists in his selection, do not make him change.

You should remind the student that he must use a variable analysis method for at least one of the tasks. Have him double-check to be sure he has a task that lends itself to a variable method.

Unless you happen to have expertise in the field from which the tasks are drawn, you should not question the content (subject matter) of the analysis. However, you should carefully check the logic of the analysis. If there is any question on the relationship of the steps to each other, be sure to check it wirh the student.

- Common Errors

1. In variable analysis the student will often get trapped in branches that either wind up in a dead-end or in a never ending cycle. Be sure all paths of the analysis lead to a logical end.

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2. Using an appropriate level of detail is probably the most difficult thing for the new analyst to do. Although at times students can be too general in the analysis more often than not they will tend to be overdetailed. Steps will be broken into substeps to the point of trivial behaviors. Or the student will attempt to write the analysis as if it were a lesson plan, going beyond the describing of "what" must be done and attempting to show "how" everything is done.

Since "detail" itself is not a criteria for this objective, you should not fault the student if he has occasional lapses into overdetail or "teaching". However, if overdetail obscures the major steps of the task and/or makes the analysis unmanageable, you should have the student revise the analysis.

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Task: Analyze a Task

FACILITATOR CHECKLIST

	YES	NO	
1. Two tasks have been analyzed; at least one task is in a variable format.			
.....for each Analysis:			
2. There is at least one cue to performance.			
3. The key steps in the task are present.			
4. Task steps are written in behavioral terms.			
5. There is a logical flow from step to step.			
6. Task beginning and end points are clearly identified.			
A "yes" for all items is required.			

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CRITERION TEST

■ WRITE THREE PERFORMANCE OBJECTIVES

1. Using any subject matter materials you choose: tests, texts, task analysis, and task lists, etc.

2. Select three behaviors (skills) that you feel are important and write a performance objective for each.

3. Your objectives must meet the following criteria:

   a. Each must contain:

   —An action statement written in behavioral terms (describing what the student will do).

   —The conditions under which the action will be done.

   —The standards against which the action will be measured.

   b. Each must be applicable to a learning and testing environment.

   c. One other qualified performer must agree that each objective is a clear description of your intended instructional outcome.

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EVALUATION

- To the Facilitator

There are two aspects to every objective: Content and format. We have stated rather specific criteria concerning content. Outside of the demand for clarity, we have said little of format. We just do not feel that format is important. It is what the objective says that concerns us, not the way it is laid out on the page. If you agree, be sure to communicate this point to the students. However, if you plan to teach and test your students on a specific format, be sure to make the necessary adjustments to the objective, test, and checklist in this package.

- Common Errors

1. In spite of all the emphasis that is placed on the "student" in Criterion-Referenced-Instruction, you'll be surprised to see how often objectives are written in terms of what the instructor (or the instruction) will do.

e.g. The instructor will describe....

This booklet will teach the student to....

Be sure your students are writing performance objectives, not a course "purpose" or catalog description.

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2. Most will pick up on the idea that objectives are written in terms of the student but they often fall into a trap that is just a variation of the above.

Newcomers to objectives have the tendency to describe what the student will do during instruction instead of what he will be able to do as a result of the instruction. You may see things such as:

The student will examine the causes of the Civil War.

The student will use his laboratory workbook to....

Again, we have nothing more than some part of course description.

3. Clear, concise objectives are the goal. Unfortunately, students often interpret this as some sort of word restriction and are reluctant to provide the elaboration that may be necessary to communicate the objectives' intent. If you find your students sacrificing clarity and meaning for brevity, encourage them to add to the objective, perhaps by providing examples or sample test items.

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Task: Write a Performance Objective

FACILITATOR CHECKLIST

	YES	NO	
1. Three objectives were written.			
2. The behaviors (skills) in each objective are important. (Not trivial).			If you do not feel qualified to assess this (subject-matter wise) check with a qualified performer.
3. Each objective contains an action statement written in behavioral terms.			
4. The action for each objective describes what the student will do.			As opposed to what the instructor or instruction will do.
5. Each objective describes the conditions under which the action will be done.			
6. Each objective describes the standards against which the action will be measured.			
7. Each objective is applicable to a learning and testing environment.			
8. Each objective describes an outcome of instruction.			As opposed to what the student will do during instruction.
9. The writer's intent is clearly communicated to another qualified performer.			
A "yes" for all items is required.			

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CRITERION TEST

1. You may use any available resources you choose for this test.

2. Your instructor will select one of the performance objectives you have already written.

3. For this objective, derive interim objectives to the level needed to meet the entry skills of your student population.*

4. Your interim objectives must meet the following criteria:

Each must be:

a. Written as an action verb and object. Standards are not necessary. Conditions need be included only if they are essential (needed to clarify the action).

b. Pre-requisite to the higher objective it supports.

c. A meaningful skill

Additionally, one other qualified performer must agree that criteria b and c have been met, and that you have met the entry level of your student population.

*You should be prepared to provide the facilitator with a description of the entry skills of your students.

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EVALUATION

- To the Facilitator

If you are not proficient in the area with which the student is working, it may be difficult for you to evaluate his interim objectives. The best way to insure that the criteria have been met is to work through the objectives with the student, checking his reasoning on anything in question. However, this one-on-one evaluation is a time consuming luxury few can enjoy. In most cases you will have to rely on the assistance of someone proficient in the student's field. Be careful though! No two experts will ever totally agree.

- Common Errors

1. The test permits the student to use any resources he chooses. If the student is having difficulty, it may be that his chosen resources are working against him. The use of texts or other existing instruction often leads the student to stray into "nice to know" topics that wander far from the necessary skills needed to complete the objective. When this occurs, discourage the use of textual

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material, while encouraging the use of task analysis as the major reference.

2. Perhaps the most common error is to have interim objectives that describe content rather than skills. Be on the lookout for such things as "analysis" rather than "analyze a task" or "understands testing procedures" instead of "construct criterion tests".

3. Often the student will derive interim objectives that merely duplicate the steps in the task analysis. He may even go so far as to attempt to give his objectives a job-order sequence. Be sure your student is distinguishing between steps in a performance and the skills and knowledges that have to be learned in order for the steps to be completed.

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Task: Derive Interim Objectives

FACILITATOR CHECKLIST

	YES	NO	COMMENTS
1. All interim objectives contain an action verb and object.			
2. Each interim objective is pre-requisite to the higher objective it supports.			
3. Each interim objective represents a meaningful skill.			As opposed to a step in the process or a content label.
4. The objectives are derived to the level of the entering student.			You may need a description of the entry skills if they are not obvious.
A "yes" is required for all items			

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Task: Construct a Criterion Test

CRITERION TEST

1. Select any two of the performance objectives you have written. Before starting have the objectives approved by your facilitator.

2. For each of the objectives, construct a criterion test.

3. The tests must meet the following criteria:

    a. The conditions of the objective should be matched.

    b. The behavior(s) tested must be those called for by the objective.

    c. The conditions and behavior(s) of the objective must be adequately sampled.

    d. They should require no irrelevant behaviors.

    e. They must contain a rating/scoring device applicable to the behavior being assessed.

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EVALUATION

- **To the Facilitator**

Evaluating the test is a comparison process. You are simply comparing the test to the objective it is assessing. The closer the match, the better the test. Even the rating/scoring device should be nothing more than the objective's standards in a format that permits ease of application.

- **Common Errors**

Perhaps the biggest problem for someone new to criterion testing is the similarity between test and objective. It seems to bother the student to discover that his test is often nothing more than a restatement of the objective. He tries modifications, variations....before he knows it he is testing something entirely different.

The best way to combat this problem is to have the student review some well designed instruction. After he runs across enough objectives and tests that are essentially identical, he will come around.

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Task: Construct a Criterion Test

FACILITATOR CHECKLIST

Consider the following items for each test.

	YES	NO
1. The test meets the conditions of the objective.		
2. The test calls for the same behavior as the objective.		
3. The test adequately samples the conditions of the objective.		
4. The test requires no irrelevant behaviors.		
5. The test contains a rating/scoring device that is applicable to the behavior being assessed.		
A "yes" is required for all items.		

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IV

GLOSSARY

AND

REFERENCE LIST

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Glossary of Terms

The list below consists of some of the terms associated with the analysis and design phases of instructional development. The terms are described in the context of their use in this package and may have slightly different meanings when used in other materials.

1. AFFECTIVE -- A goal or objective which pertains to a person's feelings, attitudes, and emotions: i.e., "the student will appreciate classical music," or "display a positive attitude toward policemen."

2. COMPETENCY-BASED INSTRUCTION -- A system of training and teaching which has as its foundation the identification and use of sets of behaviors and skills (competencies) which are relevant to job performance. Often, the competencies discussed refer to requirements of educational staff and faculty, not students. Also, the competencies are of a broader nature than tasks and objectives. Hence, a competency-based system may or may not be supported by detailed objectives.

3. CONDITIONS -- Used as part of an instructional objective; refers to a statement of the conditions under which an action will be performed. Conditions include environmental factors (daylight, underwater, etc); parameters of performance (using a slide rule, wearing a 50 pound pack, etc.); and "givens" (given a completed task analysis, given access to lesson plans).

4. COVERT BEHAVIOR -- An activity which is not observable, such as a mental act of making a determination or a decision. Covert behaviors can be contrasted to overt actions such as hammering a nail. Since they are not observable, covert behaviors present a problem in terms of deriving objectives and constructing tests, so indicators of these behaviors often are used in those situations (see INDICATORS).

5. CRITERION-REFERENCED TEST -- Measures what a student can do, compared to what he must be able to do to successfully perform a task. Students are evaluated in terms of whether they meet pre-determined standards of task performance, not on how well they perform vis-a-vis other students.

6. CRITICALITY -- Refers to the importance of a task in terms of overall job performance. A determination of criticality is especially important when selecting tasks for training, since those tasks most essential to proper job performance should be priority in terms of the allocation of training resources.

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7. CUE -- The stimulus that causes a task or part of a task to be initiated.

8. ENTRY CHARACTERISTICS -- Attitudes and attributes of a student population at the time of its entry into a training program. Only those characteristics which will have an impact on the training being developed need to be considered. Such things as age, prior job/task experience, reading ability, and cultural background may all influence the content and learning structure of the instruction.

9. FACE VALIDATION -- Refers here to a review of tests or materials by master performers to determine if realism and content accuracy have been maintained.

10. FEEDBACK -- The process whereby an individual receives information indicating the rate and quality of his progress through a course or training program. The students' knowledge of their performances on practical exercises and tests constitutes a form of feedback. Similarly, the knowledge of how well students perform on the job after going through instruction represents a form of feedback (field feedback) to instructors and instructional designers.

11. FIDELITY -- The degree to which an item faithfully matches "real world" job conditions. Tests, objectives, and training materials should all be of high fidelity, but resource constraints may make some form of trade-off necessary. In such circumstances, the trick is to not sacrifice so much fidelity as to make the training or testing instruments useless.

12. GOAL -- A rather broad, abstract statement of the purpose or intent of instruction. For example, "the student will know the political history of the American South." Because of their level of abstraction, goals need to be further analyzed to produce usable statements of instructional outcomes.

13. INDICATOR -- An observable activity from which the accomplishment of a covert activity can be infered.

14. INTERIM OBJECTIVES -- Also called EN ROUTE or ENABLING OBJECTIVES. Statements of the skills or behaviors necessary for the attainment of the performance indicated by a terminal learning objective. The identification of interim objectives provides the instructional designer with a description of the key components of training which will enable the student to perform the tasks selected for training.

15. OBJECTIVE -- Also called INSTRUCTIONAL OBJECTIVE, TRAINING OBJECTIVE, or LEARNING OBJECTIVE. A statement of intended instructional outcome. The objective includes:

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-- a statement of what the student must do after the instruction;
--a statement of the conditions under which he will do it;
-- a statement of the standards or criteria that will constitute successful performance of the objective.

16. OUTCOME -- An instructional outcome is a statement of what the student is expected to be able to do _after_ he has gone through the instruction. (What the student does during the instruction is dictated by what he should be able to do as a result of instruction).

17. POST-TEST -- A test administered after the completion of instruction. It assesses whether a student has mastered the objectives of the instruction.

18. PREREQUISITE SKILLS -- Those skills which it is necessary for students to have _before_ taking a course or unit of instruction. Materials are designed with the assumption that students will possess skills identified as prerequisite before they take the instruction.

19. PRE-TEST -- A test administered prior to instruction to determine whether the student can meet the standards of the objective without going through the instruction.

20. PROCESS SCORED TEST -- A test which measures the sequence, accuracy, completeness, or other characteristics of each step in a process. An example of a process test is one which involves evaluating the operation of a machine, such as a driving test.

21. PRODUCT SCORED TEST -- A test which measures a completed product, such as a test which evaluates a completed piece of furniture rather than the process of making furniture.

22. SOURCE DATA -- Refers to anything from which information about job or task performance can be derived. Examples of source data are job manuals, regulations, job descriptions, existing instructional materials and tests, and qualified job incumbents or subject matter experts.

23. STANDARDS -- The criteria that will constitute acceptable performance of an objective. The standards are actua[illegible] an integral part of a complete instructional objective. Standards usually are either quantitiative (Ex: "you must do nine out of ten," or "you must do it in ten minutes or less."), qualitative in nature (Ex: the training objective must contain an action, conditions, and standards), or a combination of the two.

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24. TASK -- A unit of a job. As used here, a task meets the following criteria:
- -- describes an observable action
- -- is measurable
- -- has a definite end and beginning
- -- is performed in a relatively short period of time
- -- describes an action that is done for its own sake in the eyes of a qualified job performer

25. TASK ANALYSIS -- The process of breaking down the performance of a task into its component parts. The task analysis should provide a description of how the task is performed in the job.

26. TASK DETAILING -- A specific type of task analysis which consists of a listing of cues to performance and major elements of task performance. The method provides only a moderate amount of detailed information and is best suited for use with tasks where definitive procedures are easily recognizable and there are few variations in task performance.

27. TASK SELECTION -- The process of deciding which tasks should be formally trained. Usually the selection process is based upon such things as how important to overall job performance the task is, how difficult the task is to learn, and how many people on the job actually perform the task.

28. TAXONOMY -- A classification scheme, referring here to a classification of behaviors (as expressed in action verbe). Taxonomies are useful for categorizing the type of behavior an objective represents, and a category of behavior can be used as a guide to designing learning activities for the objective.

29. VALIDATION -- The process of determing whether an instructional item or product does what it was designed to do. A test may be validated to determine whether it discriminates between job masters and non-masters. If it does, it is a "valid" test. Similarly, instructional materials are validated to determine whether they enable people to perform objectives or tasks to specified standards.

30. VARIABLE TASK ANALYSIS -- Refers to techniques of task analysis which allow for the inclusion of decision points, or different variations of task performance within a single analysis document. Examples of variable task analyses are flow-charts, task structure analyses, and matrix analyses. This type of analysis is useful when a large amount of detail is required, definitive task components or procedures are not easily recognizable, and when there are numerous decisions or variations which are part of the task performance.

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Reference List

The following list of references represents a small sampling of the many texts available on the subject of instructional systems design. The references listed should serve to provide a broad overview of the field of instructional design and at the same time provide a point of departure for those wishing to study particular aspects of the field in greater depth.

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APPENDIX A.3

V-TECS EVALUATION AND RECOMMENDATION

How Can V-TECS Material Be Utilized

By Project HOPE.

Vocational Technical Education Consortium of States, V-TECS, formed in July, 1973 is now the joint effort of thirteen (13) member states and two (2) associate member organizations to produce validated instructional material to be used in development of competency-based curricular material for student vocational education programs. Indiana joined the V-TECS System in December, 1975.

Project HOPE is a research project first funded in September, 1974 through Indiana State Board of Vocational and Technical Education to develop a comprehensive plan for research, development and implementation of a competency-based health occupation education program. One component of Project HOPE has been concerned with the development of performance based health occupations student training curriculum.

In an effort to fully utilize the material developed by V-TECS for a competency based health occupations curriculum, Project HOPE's principal investigator and the co-chairman of the Competency-Based Teacher Training Committee attended an Indiana PBVE/V-TECS Diffusion Workshop on October 4 and 5, 1976. The workshop presented the scope and content of V-TECS materials and how the material might be used. Following the workshop the available V-TECS materials have been studied to establish the compatibility of the Project HOPE competency based system and V-TECS system. Eight (8) specific V-TECS catalogs were reviewed although none of the health occupations catalogs were available for examination. The principal investigator met with Indiana V-TECS Coordinator, Dr. B. R. West, to discuss the V-TECS System as it compared with the Project HOPE System (Dr. West had served for two years as Performance Based Student Training component chairman of Project HOPE).

Both systems started with research of the literature to determine the state of the art in development of competency-based procedures. Although V-TECS deals with all vocational educational programs, Project HOPE is specific for the field of health occupations vocational education. Both groups compiled task lists according to job titles to establish occupational inventories. V-TECS and Project HOPE submitted the task lists to job incumbants to determine the actual tasks performed. Although different procedures are used, both systems identify the percentage of members performing the task by the frequency of performance, time/spent, task difficulty, and consequence of non-performance.

Once V-TECS validated the tasks performed for a given job title plus determined the relationship of tasks common to specific domain, performance objectives, criterion-referenced tests, and equipment lists were prepared for specific job titles.

Project HOPE developed a seven-dimensional matrix as a framework on which to structure curriculum for health occupations training. A list of tasks for eighty-seven (87) specific health occupation job titles were synthesized into a series of task inventories which were then verified by job incumbents. In Project HOPE the eighty-seven (87) job titles were clustered into four (4) sub clusters (Patient Care, Dental Care, Medical and Clerical Services, and Animal Care) which were further divided into seventeen (17) categories. For example patient care contains nursing services, mental health, diagnostic, physical rehabilitation, ancillary, and dietary divisions. Therefore, Project HOPE has not only grouped tasks common to job title and domain, but identified tasks common to job title, category, sub cluster and health occupation core cluster.

Project HOPE's verified task inventories were purged by a committee to put them in the correct form for task analyses. A revised list of task statements were prepared. Nineteen (19) tasks were analyzed, instructional objectives were prepared, criterion-referenced tests were written, and five (5) learning modules were developed. The learning modules that were developed were from tasks identified as being core or related to the entire health occupation cluster. For example, a module would be identified as relating to Patient Care Service Sub Cluster, Nursing Services Category, core to all job titles in category, etc.

On the following page is a chart comparing the two systems. The V-TECS System only provides catalogs of data for specific job titles used in developing and planning performance based student programs. Project HOPE has taken front-end data and started to develop Performance Based Student Training core curriculum for health occupation students.

V-TECS has developed task inventories based on uniform, valid and reliable data that will save the State of Indiana millions of dollars. V-TECS equipment lists can serve as guides for verifying specific equipment lists needed in Indiana. The nineteen (19) catalogs developed to date can serve as raw data for development of performance-based student training curriculum.

The limitations for utilization of V-TECS material be Project HOPE is based on the fact that a task analysis is not developed for each task. Project HOPE's definition of a task analysis contains the following:

1) the reason(s) for performing the tasks was/were identified
2) the steps taken, in performance of the task, were listed in sequence
3) the decisions made as the worker performs the task were listed
4) tools, references and work aids relevant to the performance of the task were identified
5) pre-requisite cognitive and affective skills essential to the performance of the task were identified

The V-TECS performance guide and criterion-referenced test, since not based on the task analysis, only suggest one route for reaching the performance objective. Using a task analysis as done by Project HOPE provides for a variety of routes to reach the terminal objective. In V-TECS' criterion-referenced tests, it does not specify the criteria for accpetable or non-acceptable behavior based on performance objective. Since only six (6) health occupation job titles have been developed into catalogs, much work is still left to be done in development of health occupations curriculum.

As principal investigator of Project HOPE, I recommend that V-TECS' health occupational inventories be compared to Project HOPE's verified task inventories for development of Competency Based Student Training curriculum. V-TEC'S equipment lists should be verified for use in Indiana. Also V-TECS' health occupation catalogs should be developed into curriculum for use in a Competency Based System. Tasks identified as common to a given domain should be compared to Project HOPE's tasks identified as common to a category. Project HOPE should identify the common health occupation core tasks that have already been analyzed by the V-TECS' catalogs.

If the V-TECS coordinator could recommend to any future health occupations group establishing a health occupation catalog, the use of task analysis to develop performance guides and criterion-referenced tests, the Indiana Health Occupations curriculum developed would be interchangeable with material developed by Project HOPE with monies from State Board of Vocational-Technical Education.

V-TECS at present does not have available a specific teacher-training system for use in preparing writing teams. Project HOPE also does not have a module developed to train health occupations educators how to develop and use competency-based material.

Respectfully Submitted,

Shirley F. Smalley
Principal Investigator

Comparison of V-TECS System and Project HOPE

V-TECS	Project HOPE
1. Organization:	1. Organization:
	a. Tasks identified by Health Occupations Core Cluster
	b. Tasks identified by sub cluster
c. Tasks identified by Domain	c. Tasks identified by category
d. Tasks identified by DOT	d. Tasks identified by DOT
2. Researched State of Art	2. Researched State of Art
3. Scope	3. Scope
a. V-TECS deals with all vocational education programs	a. Deals specifically with health occupations vocational education
4. Identified tasks performed by job incumbents and prepared task inventory list	4. Identified tasks performed by job incumbents and prepared task inventory list
5. Individual state surveyed job incumbents to validate task	5. Surveyed Indiana job incumbents to validate tasks
6. Survey determined	6. Survey determined
a. task performed time/spent DOT difference	a. task performed
b. purge of tasks based on survey numerical value used to determine critical tasks	b. jury purge to determine time/spent frequency of performance task difficulty consequence of non-performance
7. Revised task inventory prepared	7. Revised task inventory prepared
8. Writing team developed by job title	8. Individual investigator developed core health occupations tasks
a. Performance Objectives	a. Terminal Objectives
1. Standard condition of performance stated	1. Standard conditions given

V-TECS	Project HOPE
8. continued	
2. Did not define acceptable or non-acceptable behavior	2. Conditions of performance specific
b. Criterion-referenced test	b. Criterion-referenced tests
1. Based on performance guide	1. Based on task analysis
2. Performance guide shows steps to follow to reach performance objectives - only one route given thus only part of a detailed task analysis	2. Task analysis shows all routes possible to follow to reach objectives
	c. Ongoing Performance Objectives
	1. Determined by task analysis
	d. Learning Modules
	1. Developed for five tasks
e. Equipment Lists	e. Resources needed for health occupations tasks
1. Determined by job title	1. equipment
	2. audio visual media
	3. written material
	9. Field tested module
	10. Revised modules

APPENDIX A.4

ANALYSIS OF COMPUTERIZED DATA

4.1 TABLE 1 - PROJECT H.O.P.E. COMPETENCIES WITH WEIGHTED VALUES

4.2 TABLE 2 - PRIORITY LISTING OF VALIDATED TASKS

4.3 TABLE 3 - COMPARISON OF IDENTIFIED PRIORITY COMPETENCIES FOR TOTAL GROUP OF RESPONDEES IN REGARD TO TIME SPENT, CONSEQUENCE OF INADEQUATE PERFORMANCE AND TRAINING TIME

4.4 TABLE 4 - COMPARISON OF IDENTIFIED PRIORITY COMPETENCIES OF PROJECT H.O.P.E. TO OHIO CENTER FOR VOCATIONAL EDUCATION COMPETENCY-BASED TEACHER MODULES

ANALYSIS OF DATA

The main purpose of analyzing the list of competencies on the questionnaire was to identify those competencies needed by entry-level vocational teachers. The method used to identify the order of priority was accomplished in the following manner: The competencies were ranked according to the percentage of people responding that they performed the competency on the job. Arbitrary values of 3, 2 and 1 were assigned to determine the priority rating. Any competency receiving 85% or more positive response was rated as 3; one receiving 68-84% positive response was assigned a 2; and any competency receiving 50-67% response was rated as 1. Those competencies receiving less that 50% response were disregarded. By multiplying the total percentage of responses for a given competency by the number assigned to each competency.

Example:	% Respond.	X	Priority Rating	=	Priority Value
5.12 Recognize potential problems of students.	89	X	3	=	267

The responses from the questionnaires were analyzed by a computer. The computer sheets are available for inspection, but for clarity of reporting the information the results have been summarized in the following tables.

Table 1 lists the competencies as they appeared on the questionnaire by category converted to priority values.

Table 2 lists the competencies in order of importance as determined by the priority ranking system.

Table 3 gives the comparison of identified priority competencies for total group of respondees in regard to time spent, consequence of inadequate performance, and training time.

Table 4 identifies the competency-based modules developed by the Center for Vocational Education at Ohio State University that address the competencies identified on the priority list. This table also compares the Project H.O.P.E. category to the category cited for the Ohio State Modules.

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Project H.O.P.E. Competencies with Weighted Values

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
	HEALTH CARE ENVIRONMENT COMPONENT			
0.01	Identify learning outcomes best achieved in the clinical setting.	84	3	252
0.02	Evaluate a student's readiness to enter the clinical environment.	79	2	158
0.03	Introduce students to other members of a health care team.	81	2	162
0.04	Plan for the use of patients in training demonstrations or practice sessions.	58	1	58
0.05	Coordinate actions of student-learners with other members of a health care team.	78	2	156
0.06	Supervise student practice in a clinical environment.	77	2	154
0.07	Give appropriate feedback for student performance in a clinical environment in such a way as to maintain proper practitioner/patient relationship.	79	2	158
0.08	Orient students to their professional responsibilities in the clinical environment.	86	3	258
0.09	Refine instructional materials for use in a clinical environment.	79	2	158
0.10	Analyze statutes regulating Health Occupations to determine training needs.	56	1	56
0.11	Evaluate health care procedures and equipment and make appropriate recommendations regarding needed revision and improvement.	67	2	134
0.12	Formally evaluate the clinical performance of students.	79	2	158
0.13	Counsel students who develop problems adjusting to illness or death.	84	3	252
0.14	Interpret to students acceptable standards of behavior and appearance in the clinical environment.	89	3	267
0.15	Correct a student for a violation of standards of behavior or appearance in the clinical environment.	88	3	264
	PLANNING COMPONENT			
1.01	Select job tasks, conditions, and standards for which instructional plans are to be designed.	82	2	164
1.02	Sequence performance goals (terminal objectives) for a course.	91	3	273
1.03	Identify the unit books for a course.	91	3	273
1.04	Determine objectives for a unit.	94	3	282
1.05	Identify lesson topics for a unit.	93	3	279
1.06	Identify the specific objectives for a lesson.	91	3	273
1.07	Determine group and individual learning experiences for a lesson based on individual differences of students.	85	3	255
1.08	Select methods of evaluating students' performance throughout a unit.	94	3	282
1.09	Structure student participation in the planning of a unit.	64	1	64
1.10	Select teaching techniques for a lesson.	93	3	279
1.11	Select methods of evaluating students' attainment of lesson objectives at the end of a unit.	93	3	279
1.12	Select tools and equipment for a lesson demonstration.	91	3	273
1.13	Select and modify prefabricated or commercial training aids (charts, transparencies, motion picture, video tape, 35mm color slide presentations audio tapes) for a lesson.	85	3	255
1.14	Prepare a lesson plan (integrate objectives, learning experiences evaluation, teaching techniques, and learning resources).	93	3	279
1.15	Develop a course syllabus for distribution to students.	72	2	144
1.16	Prepare information sheets (handouts) for student use.	94	3	282
1.17	Prepare operating or task sheets for student use.	64	1	64

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
1.18	Prepare job sheets for student use.	50	1	50
1.19	Prepare assignment sheets for student use.	78	2	156
1.20	Obtain textbooks, references, and other printed instructional material.	86	3	258
1.21	Develop original instructional materials such as individualized learning packages, learning modules, or lesson kits.	54	1	54
1.22	Prepare a chalkboard sketch for a lesson.	68	2	136
1.23	Prepare an instructional chart for a lesson.	66	1	66
1.24	Prepare an instructional overhead transparency for a lesson.	76	2	152
1.25	Prepare an instructional model for a lesson.	61	1	61
1.26	Prepare an instructional motion picture for a lesson.	19	0	0
1.27	Prepare an instructional video tape for a lesson.	22	0	0
1.28	Prepare an instruction 35mm color slide for a lesson.	23	0	0
1.29	Prepare an instructional audio tape for a lesson.	29	0	0
1.30	Maintain an instructional display case.	35	0	0
1.31	Prepare programmed instruction.	25	0	0
1.32	Prepare a simulation or learning game.	60	1	0
1.33	Prepare a computer-assisted instruction program.	2	0	0
1.34	Use a dry mount press to preserve instructional charts, drawings, or photographs.	18	0	0
1.35	Prepare an instructional photograph or photo essay.	14	0	0
1.36	Organize a committee to assist in preplanning an occupational survey.	16	0	0
1.37	Identify the geographical area in which an occupational survey will be conducted.	15	0	0
1.38	Obtain administrative support for conducting an occupational survey.	15	0	0
1.39	Prepare a comprehensive list of job tasks for use in data collection.	23	0	0
1.40	Direct students in the collection of data for an occupational survey.	11	0	0
1.41	Plan the activities of the survey staff in conducting an occupational survey.	11	0	0
1.42	Orient the survey staff to their duties and responsibilities in collecting occupational data.	11	0	0
1.43	Collect student occupational interest data.	29	0	0
1.44	Prepare a questionnaire for collection of occupational data by mail.	16	0	0
1.45	Collect occupational data from employers, job supervisors, and job incumbents.	27	0	0
1.46	Suggest vocational education program based on analysis of occupational survey.	13	0	0
1.47	Disseminate the findings of the occupational survey.	13	0	0
1.48	Identify the competencies needed for entry into an occupation.	49	1	0
1.49	Develop vocational courses by clustering and sequencing related tasks.	35	0	0

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
1.50	Analyze collected occupational data to determine priorities among training needs.	24	0	0
1.51	Specify criteria for selection of priorities among training needs.	63	1	63
1.52	Collect data on projected student enrollment.	25	0	0
1.53	Identify the role and function of the advisory committee.	38	0	0
1.54	Establish the criteria for selection of advisory committee members.	33	0	0
1.55	Obtain the necessary authorization for organizing an advisory committee.	30	0	0
1.56	Orient advisory committee members to their role and function.	36	0	0
1.57	Plan the annual program of work to be considered by the advisory committee.	33	0	0
1.58	Invite resource persons who can provide consultative service to attend advisory committee meetings.	23	0	0
1.59	Serve as the liaison for the advisory committee and the school administration.	36	0	0
1.60	Inform the advisory committee in regard to vocational education purposes and objectives.	40	0	0
1.61	Consult advisory committee in developing a long-range plan for vocational education programs.	33	0	0
1.62	Consult the advisory committee in regard to evaluating the results of an occupational survey.	19	0	0
1.63	Consult the advisory committee in regard to evaluation of attainment of stated purposes and objectives by current vocational education programs.	29	0	0
1.64	Consult the advisory committee to obtain suggestions or ideas for improvement of vocational education programs.	39	0	0
1.65	Analyze long-range course needs for the vocational educational program.	43	0	0
1.66	Specify long-range facility, equipment, and supply needs for the vocational education program.	44	0	0
1.67	Prepare a long-range budget which identifies the financial needs of the vocational education program.	23	0	0
1.68	Identify long-range needs for employing faculty for the vocational program.	22	0	0
1.69	Assist in preparing the long-range program plan for vocational education in the school.	28	0	0
1.70	Maintain continual follow-up information on placement, employment, and training status of each graduate of the vocational program.	36	0	0
1.71	Obtain follow-up data from employers of vocational program graduates.	28	0	0
1.72	Determine the reasons students drop out of a vocational program.	45	0	0

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
1.73	Review supervisory evaluation reports for assessing the vocational program.	32	0	0
1.74	Assess the relevancy of the academic course offerings in relation to the vocational program.	38	0	0
1.75	Assess the adequacy of the vocational education facilities and equipment relative to technological changes.	46	0	0
1.76	Disseminate a summary of the vocational education evaluation to administrators, advisory committee members, and the board of education.	25	0	0
	EXECUTION OF INSTRUCTION COMPONENT			
2.01	Conduct field trips.	69	2	138
2.02	Direct students in gathering information from sources in the community.	64	1	64
2.03	Present information using a simulation or learning game.	55	1	55
2.04	Present information using group supervised study.	54	1	54
2.05	Lead communication techniques such as buzz groups, skits, debates, etc.	66	1	66
2.06	Present information using the case problem method.	71	2	142
2.07	Present information using conference technique.	68	2	136
2.08	Direct student study of written information (assignment sheets, textbooks, bulletins, and pamphlets).	88	3	264
2.09	Introduce a lesson or unit.	91	3	273
2.10	Summarize a lesson or unit.	89	3	267
2.11	Employ oral questioning techniques.	91	3	273
2.12	Acknowledge student verbal and non-verbal cues or reactions.	94	3	282
2.13	Provide enrichment instruction to challenge the abilities of the students.	83	2	166
2.14	Structure instruction so that students can progress at their own rate.	66	1	66
2.15	Establish frames of reference to enable the student to understand a situation from several points of view.	85	3	255
2.16	Apply non-verbal techniques such as gestures, facial expression, and silence.	86	3	258
2.17	Demonstrate a manipulative skill.	77	2	154
2.18	Present a concept or principle through a demonstration.	82	2	164
2.19	Give a lecture.	89	3	267
2.20	Give an illustrated talk.	78	2	156
2.21	Use analogies to present information.	84	3	252

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
2.22	Present information by the use of individualized instruction.	79	2	158
2.23	Give an assignment.	89	3	267
2.24	Present information through team teaching.	0	0	46
2.25	Present information with assistance of a resource person.	69	2	138
2.26	Present information with a display.	67	2	134
2.27	Illustrate with models and real objects.	100	3	300
2.28	Present information with chalkboard.	88	3	264
2.29	Direct teaching machine programmed instruction.	0	0	16
2.30	Present information by computer assisted instruction.	0	0	5
2.31	Direct written programmed instruction.	0	0	19
2.32	Illustrate with overhead projector transparencies.	79	2	158
2.33	Illustrate with motion pictures.	87	3	261
2.34	Illustrate with video tape.	0	0	46
2.35	Illustrate with 35mm color slides.	53	1	53
2.36	Illustrate with photographs or photo essays.	49	1	49
2.37	Present information using audio tape.	53	1	53
2.38	Direct students in practice of manipulative skills.	78	2	156
2.39	Direct student activity on job-related projects.	64	1	64
2.40	Direct students in laboratory projects and exercises.	67	2	134
2.41	Direct students in use of a paper-and-pencil practical exercise.	68	2	136
2.42	Direct student practice through the use of an "in-basket" exercise.	0	0	11
2.43	Direct student practice through the use of student "coach and pupil" pairs.	38	0	38
2.44	Provide opportunity for practice of skills or tasks associated with enrichment instruction.	59	1	59
2.45	Provide remedial practice sessions.	62	1	62
2.46	Provide a review or recitation of assignments.	76	2	152
2.47	Administer subject matter diagnostic tests.	59	1	59
2.48	Describe the occupational standards of performance for each task in an occupation.	61	1	61
2.49	Reward acceptable student performance.	81	2	162
2.50	Consider cumulative data on students' ability and achievement in evaluating performance.	84	3	252

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
2.51	Formulate a system of grading consistent with school policy.	86	3	258
2.52	Appraise students' performance in relation to instructional standards.	89	3	267
2.53	Evaluate individualized related assignments under directed study.	68	2	136
2.54	Evaluate student-learner's work qualities, personal traits, and progress on the job.	81	2	162
2.55	Devise self-evaluation techniques for use by students.	50	1	50
2.56	Arrange for students to evaluate their own progress.	60	1	60
2.57	Engage in cooperative evaluation of student's achievement with student.	77	2	154
2.58	Determine grade for performance for on-the-job and related instruction.	82	2	164
2.59	Interpret student's evaluation of his/her performance.	68	2	136
2.60	Formulate items for objective tests.	86	3	258
2.61	Formulate questions for essay tests.	61	1	61
2.62	Devise laboratory performance rating sheets.	57	1	57
2.63	Administer subject matter standardized tests.	51	1	51
2.64	Administer teacher-made tests.	87	3	261
2.65	Analyze teacher-made tests and results.	87	3	261
2.66	Isolate and eliminate student deficiencies in attainment of a training objective during classroom instruction.	67	2	134
2.67	Use a polaroid camera to provide instant visual feedback on student performance.	5	0	0
2.68	Use video tape recorder to provide instant visual feedback on student performance.	11	0	0
2.69	Establish criteria for selection of student-learners for on-the-job education.	45	0	0
2.70	Identify a prospective student-learner on basis of selection criteria and personal data.	51	1	51
2.71	Match a student-learner's unique characteristics with an appropriate on-the-job training station.	42	0	0
2.72	Approve on-the-job training hours and wages for student-learners.	27	0	0
2.73	Identify student-learner training stations.	53	1	53
2.74	Arrange with a union to make contract provision for student-learners.	1	0	0
2.75	Establish criteria to evaluate and approve training stations.	33	0	0
2.76	Assess training capability of the prospective training station.	41	0	0
2.77	Assess educational adequacy of a prospective training station's facilities and equipment.	43	0	0

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
2.78	Assess safety provisions of facilities and equipment of the prospective training stations.	41	0	0
2.79	Develop systematic training agreement with employers.	44	0	0
2.80	Assist employers in obtaining student-learner permits.	14	0	0
2.81	Assist employer in determining federal and state wage and hour classification for student-learner.	13	0	0
2.82	Assist cooperating employer in acquiring permit to pay a training wage.	7	0	0
2.83	Assist cooperating employer in verifying the legality of employing a student-learner in a hazardous occupation.	12	0	0
2.84	Observe student-learner's on-the-job experience.	60	1	60
2.85	Prepare student-learner for interview with cooperating employer and training station personnel.	34	0	0
2.86.	Assist the cooperating employer's personnel in accepting the training status and role of student-learner.	39	0	0
2.87	Develop a procedure to insure students' safety and protection in the training station.	38	0	0
2.88	Develop a training plan for student-learner with employer.	27	0	0
2.89	Assist student-learner in on-the-job training orientation.	53	1	53
2.90	Maintain a record of individual work hours, wages, and work progression of on-the-job training.	34	0	0
2.91	Sponsor employer/student-learner banquet for the vocational program.	12	0	0
2.92	Check student-learner progress with the employer and other other training station personnel.	40	0	0
2.93	Obtain suggestions from the employer to guide the selection of related class instruction lessons.	42	0	0
2.94	Assist the employer in working with student-learners.	42	0	0
2.95	Obtain from advisory committee information on ways to improve related instruction and on-the-job training.	33	0	0
	EVALUATION COMPONENT			
3.01	Review student's progress and/or achievement records to assess effectiveness of instruction.	87	3	261
3.02	Evaluate quality of on-the-job training received by student-learners.	71	2	142
3.03	Formulate, cooperatively with students, procedures which provide for their participation in the evaluation of instruction.	56	1	56
3.04	Obtain information from fellow teachers and supervisory personnel regarding the quality of his/her instruction.	68	2	136

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
3.05	Evaluate instruction through self-rating devices and instructional media such as vieo or audio recording.	27	0	0
3.06	Tabulate student performance records.	66	1	66
3.07	Evaluate student progress and/or achievement records to assess the efficiency (overtraining, undertraining, etc.) of instruction.	75	2	150
3.08	Obtain information from employers or job supervisors regarding the quality of vocational instruction.	55	0	0
3.09	Assess the validity of instructional tests.	61	1	61
3.10	Assess the reliability of instructional tests.	59	1	59
3.11	Assess the cultural bias of tests used for program placement.	16	0	16
	MANAGEMENT COMPONENT			
4.01	Compile a list of supplies needed for the academic year.	71	2	142
4.02	Identify new tools and equipment needed in a vocational course for the academic year.	73	2	146
4.03	Recommend reference books and periodicals related to vocational education that should be added to the library.	83	2	166
4.04	Prepare a capital outlay budget proposal for new equipment needed in a vocational course.	28	0	0
4.05	Plan an operating budget proposal for consumable supplies, services, and materials needed in a vocational course.	30	0	0
4.06	Prepare a budget for estimated travel expenses incurred in vocational activities.	25	0	0
4.07	Arrange for additional vocational facilities to accommodate expanded enrollments and technological advancements in a course.	23	0	0
4.08	Prepare purchase request for approved vocational equipment and supplies.	41	0	0
4.09	Design a procedure for acquiring the consumable supplies and materials needed in a vocational course.	23	0	0
4.10	Devise a system for determining and collecting student fees for consumable supplies.	23	0	0
4.11	Structure a filing system for records and report forms used in a vocational course.	49	1	49
4.12	Supply administrators with data for vocational reports required by the state department of education.	50	1	50
4.13	Devise a system for maintaining occupational information and opportunity data for use by vocational students.	34	0	0
4.14	Assemble student file documenting personal habits, attitudes, and grades.	63	1	63
4.15	Devise a filing system for instructional materials.	72	2	144

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
4.16	Arrange for approved safety apparel and devices for vocational students assigned to hazardous equipment and situations.	28	0	0
4.17	Establish a procedure for attending to first aid needs of vocational students.	48	0	0
4.18	Maintain a record of safety instruction presented in compliance with safety laws and regulations.	36	0	0
4.19	Maintain an inventory of vocational tools, supplies, and equipment assigned to the laboratory.	45	0	0
4.20	Arrange for the storage and security of vocational supplies and equipment.	53	1	53
4.21	Implement student "check-out" procedures for tools, supplies, and equipment used in the vocational laboratory.	54	1	54
4.22	Schedule laboratory equipment for maximum utilization by students.	47	0	0
4.23	Direct students in a system for cleaning and maintaining the vocational laboratory.	47	0	0
4.24	Arrange layout of vocational laboratory to simulate or duplicate occupational environment.	47	0	0
4.25	Control heat, light, and ventilation in vocational laboratories and classrooms.	54	1	54
4.26	Arrange laboratory work areas and storage space to facilitate student work performance.	55	1	55
4.27	Recommend a policy for use of the vocational laboratories and classrooms by outside groups and other school personnel.	20	0	0
4.28	Discipline a student for a violation of school standards of expected student behavior.	81	2	162
4.29	Formulate with students acceptable standards of behavior in vocational classrooms and laboratories.	72	2	144
4.30	Discipline a student for a violation of standards of student behavior in vocational classrooms and laboratories.	83	2	166
4.31	Encourage students to exercise self-discipline.	90	3	270
4.32	Control outbursts of fighting and aggressive behavior.	52	1	52
	GUIDANCE AND PLACEMENT COMPONENT			
5.01	Determine students' background and environment.	54	1	54
5.02	Analyze students' cumulative records.	55	1	55
5.03	Maintain anecdotal records on students.	71	2	142
5.04	Determine relationships among students through sociometric techniques (e.g. sociogram).	17	0	0
5.05	Review students' autobiographies for information to aid in understanding the student.	56	1	56

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
5.06	Conduct home visits.	15	0	0
5.07	Interpret occupational tests and inventories for students.	34	0	0
5.08	Confer with student and his parents regarding the student's educational development.	49	1	49
5.09	Conduct a counseling session with a student.	89	3	267
5.10	Conduct group counseling sessions.	31	0	0
5.11	Assist students in developing good study habits.	82	2	164
5.12	Recognize potential problems of students.	89	3	267
5.13	Assist students in determining ways to best describe their saleable skills.	57	1	57
5.14	Work with other teachers and counselors to help students with individual problems.	85	3	255
5.15	Arrange with guidance counselor for administration and interpretation of personality, aptitude, and intelligence tests for specific students.	31	0	0
5.16	Refer students to qualified personnel agencies for occupational educational information.	59	1	59
5.17	Arrange for local office of the U.S. Employment Service to administer and to interpret the General Aptitude Test Battery.	4	0	0
5.18	Establish communication patterns for exchanging information and for cooperating with the guidance counselor.	39	0	0
5.19	Assist students with their problems by working cooperatively with agencies such as the health and welfare services.	43	0	0
5.20	Present information to students on employment opportunities.	67	2	134
5.21	Present information to students on post-high school training and educational opportunities available to them.	57	1	57
5.22	Write letters of recommendation for students.	79	2	158
5.23	Assist graduates or seniors in preparing for interview with potential employers.	51	1	51
5.24	Assist students in securing and in filling out applications for jobs, scholarships, educational loans, or college admission.	44	0	0
	SCHOOL-COMMUNITY RELATIONS COMPONENT			
6.01	Assist in the development of policies regarding school-community relations.	35	0	0
6.02	Present activities of the vocational program on commercial or public television.	13	0	0
6.03	Provide brochures to inform the school and community of the vocational program.	46	0	0
6.04	Provide displays in the school and in the community on the vocational program.	35	0	0

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
6.05	Prepare news releases on activities of the vocational program for newspapers and other periodicals.	35	0	0
6.06	Present activities of the vocational program on radio.	10	0	0
6.07	Speak to school and community groups on the vocational program.	46	0	0
6.08	Conduct an open house to familiarize members of the school and community with activities of the vocational program.	50	1	50
6.09	Sponsor student-parent activities for the vocational program.	20	0	0
6.10	Maintain liaison with union officials and employers.	16	0	0
6.11	Serve in professional non-vocational organizations to improve the image of the vocational program.	44	0	0
6.12	Serve in a community civic, service, or social organization to improve the image of the vocational program.	44	0	0
6.13	Provide consultant services to local business, industry, or health care organizations.	22	0	0
6.14	Conduct opinion surveys in the school and community concerning the vocational program.	10	0	0
6.15	Analyze enrollment trends to determine student and parent acceptance of the vocational program.	18	0	0
6.16	Study in-school election results (student council, class officers) to determine the image of the vocational students in the school.	16	0	0
6.17	Obtain information from parents relative to their expectations of the vocational program.	18	0	0
6.18	Acquire information from members of the community power structure (e.g. political, social, economic pressure groups) regarding their expectations of the vocational program.	20	0	0
6.19	Study community voting results on financial issues affecting the vocational program to determine community support of the program.	21	0	0
6.20	Assist in planning the overall objectives of the total school program.	51	1	51
6.21	Maintain working relationships with the school supporting staff through cooperation and mutual effort.	74	2	148
	STUDENT-VOCATIONAL ORGANIZATION COMPONENT			
7.01	Obtain approval from school administration for establishing a student vocational organization.	26	0	0
7.02	Contact state leadership regarding the steps to be followed in organizing a student vocational organization.	19	0	0
7.03	Acquaint prospective members and their parents with the purposes, activities, and values of the student vocational organization.	26	0	0

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
7.04	Organize a student committee to assess the interest of students in joining a vocational organization.	17	0	0
7.05	Conduct an organizational meeting for a student vocational organization.	28	0	0
7.06	Orient students to the student vocational organization.	34	0	0
7.07	Assist in planning activities for the student vocational organization.	33	0	0
7.08	Supervise activities for the student vocational organization.	33	0	0
7.09	Conduct leadership training sessions for the officers of the student vocational organization.	12	0	0
7.10	Assist students with the financial management of the student vocational organization.	26	0	0
7.11	Assist students with the publicizing of the student vocational organization activities.	28	0	0
7.12	Assist students in advancing within the available degrees in vocational organization.	24	0	0
7.13	Coordinate student vocational organization activities with instructional activities.	30	0	0
7.14	Supervise the development of an annual handbook and scrapbook for the student vocational organization.	19	0	0
7.15	Involve students in the evaluation of the student vocational organization.	19	0	0
7.16	Maintain a file of publications available to the student vocational organization.	23	0	0
7.17	Involve elected chapter parents in the activities of the student vocational organization.	6	0	0
7.18	Direct initiation activities of the student vocational organization.	13	0	0
7.19	Assist in the preparation of state and national reports for the student vocational organization.	14	0	0
7.20	Provide advice and training for student entries in state and national student vocational organization contests.	19	0	0
7.21	Affiliate the student vocational organization with the state and national vocational organization.	18	0	0
7.22	Send student representatives to district, state, regional, and national student vocational organization activities.	28	0	0
7.23	Assist in the development of rules and procedures for conducting state, regional, and national student vocational organization contests.	8	0	0
7.24	Serve as an advisor or judge for district, state, regional, or national student vocational organization contests.	14	0	0
7.25	Participate in state, district, regional, and national activities of the student vocational organization.	23	0	0

Number	Competency	Task Involvement Total % of Respondees that Performed Task	Weight Factor	Weighted Value
	PROFESSIONAL ROLE COMPONENT			
8.01	Evaluate periodically his/her educational philosophy in relation to that held by a majority of other members of the teaching profession.	76	2	152
8.02	Exchange observational visits, innovations, and ideas with other teachers.	88	3	264
8.03	Support professional organizations through membership and attendance at meetings.	79	2	158
8.04	Serve professional organizations as an officer and/or chairman or member of a committee.	44	0	0
8.05	Represent the teaching profession as a committee member or delegate to meetings and activities of other professions.	34	0	0
8.06	Participate in experimental and other data collecting research activities.	49	0	0
8.07	Write an article or book for publication which contributes to the literature of the profession.	14	0	0
8.08	Assist teachers who are new in the system to understand the policies and regulations of the school.	74	2	148
8.09	Work with a team of professionals from school and/or community on pertinent school problems.	44	0	0
8.10	Serve community needs by contributing professional expertise to civic projects.	46	0	0
8.11	Evaluate his/her personal and professional abilities and limitations.	83	2	166
8.12	Select the position which is in keeping with his personal and professional abilities and limitations.	68	2	136
8.13	Maintain professional certification through enrolling in graduate, extension, and in-service education programs.	93	3	279
8.14	Acquire new occupational skills needed to keep pace with technological advancement in his teaching field.	89	3	267
8.15	Maintain a professional personnel file.	59	0	0
8.16	Participate in non-instructional school duties, i.e., cafeteria, homeroom, bus duty, chaperoning, PTA.	38	0	0
8.17	Assist with non-vocational student organization activities.	31	0	0
8.18	Supervise student teachers.	9	0	0
8.19	Demonstrate pedagogical skills to student teachers.	10	0	0
8.20	Provide opportunities for potential teachers to observe and participate in public school programs.	13	0	0
8.21	Confer with college supervisor and student teacher regarding plans for the evaluation of the total student teaching experience.	9	0	0

Table 2

PRIORITY LISTING OF VALIDATED TASKS

Question No.	Competency/Task	Task Involvement (Total Percentage of Respondees that Perform Task)	Weight Factor	Weighted Value	Component
2.27	Illustrate with models and real objects.	100	3	300	Execution of Instruction
2.12	Acknowledge student verbal and non-verbal cues or reactions.	94	3	282	Execution of Instruction
1.16	Prepare information sheets (handouts) for student use.	94	3	282	Planning
1.08	Select methods of evaluating student performance throughout unit.	94	3	282	Planning
1.04	Determine objectives for a unit.	94	3	282	Planning
1.14	Prepare a lesson plan (integrate objectives, learning experiences evaluation, teaching techniques, and learning resources).	93	3	279	Planning
1.11	Select methods of evaluating students' attainment of lesson objectives at the end of a unit.	93	3	279	Planning
1.10	Select tools and equipment for a lesson demonstration.	93	3	279	Planning
1.05	Identify lesson topics for a unit.	93	3	279	Planning
2.11	Employ oral questioning techniques.	91	3	273	Execution of Instruction
2.09	Introduce a lesson or unit.	91	3	273	Execution of Instruction
1.12	Select tools and equipment for a lesson demonstration.	91	3	273	Planning
1.06	Identify the specific objectives for a lesson.	91	3	273	Planning
1.03	Identify the unit books for a course.	91	3	273	Planning
1.02	Sequence performance goals (terminal objectives) for a course.	91	3	273	Planning
4.31	Encourage students to exercise self-discipline.	90	3	270	Management
8.14	Acquire new occupational skills needed to keep pace with technological advancement in his teaching field.	89	3	267	Professional Role
5.12	Recognize potential problems of students.	89	3	267	Guidance and Placement
5.09	Conduct a counseling session with a student.	89	3	267	Guidance and Placement
2.52	Appraise students' performance in relation to instructional standards.	89	3	267	Execution of Instruction
2.23	Give an assignment.	89	3	267	Execution of Instruction
2.19	Give a lecture.	89	3	267	Execution of Instruction
2.10	Summarize a lesson or unit.	89	3	267	Execution of Instruction
0.14	Interpret to students acceptable standards of behavior and appearance in the clinical environment.	89	3	267	Health Care Environment
8.02	Exchange observational visits, innovations, and ideas with other teachers.	88	3	264	Professional Role
2.28	Present information with chalkboard.	88	3	264	Execution of Instruction
2.08	Direct student study of written information (assignment sheets, textbooks, bulletins, and pamphlets).	88	3	264	Execution of Instruction

Table 2

PRIORITY LISTING OF VALIDATED TASKS

Question No.	Competency/Task	Task Involvement (Total Percentage of Respondees that Perform Task)	Weight Factor	Weighted Value	Component
0.15	Correct a student for a violation of standards of behavior or appearance in the clinical environment.	88	3	264	Health Care Environment
3.01	Review student's progress and/or achievement records to assess effectiveness of instruction.	87	3	261	Evaluation
2.65	Analyze teacher-made tests and results.	87	3	261	Execution of Instruction
2.64	Administer teacher-made tests.	87	3	261	Execution of Instruction
2.33	Illustrate with motion pictures.	87	3	261	Execution of Instruction
2.60	Formulate items for objective tests.	86	3	258	Execution of Instruction
2.51	Formulate a system of grading consistent with school policy.	86	3	258	Execution of Instruction
2.16	Apply non-verbal techniques such as gestures, facial expression, and silence.	86	3	258	Execution of Instruction
1.20	Obtain textbooks, references, and other printed instructional material.	86	3	258	Planning
0.08	Orient students to their professional responsibilities in the clinical environment.	86	3	258	Health Care Environment
5.14	Work with other teachers and counselors to help students with individual problems.	85	3	255	Guidance and Placement
2.15	Establish frames of reference to enable the student to understand a situation from several points of view.	85	3	255	Execution of Instruction
1.13	Select and modify prefabricated or commercial training aids (charts, transparencies, motion picture, video tape, 35mm color slide presentations audio tapes) for a lesson.	85	3	255	Planning
1.07	Give appropriate feedback for student performance in a clinical environment in such a way as to maintain proper practitioner/patient relationship.	85	3	255	Health Care Environment
2.50	Consider cumulative data on students' ability and achievement in evaluating performance.	84	3	252	Execution of Instruction
2.21	Use analogies to present information.	84	3	252	Execution of Instruction
0.13	Counsel students with problems adjusting to illness or death.	84	3	252	Health Care Environment
8.11	Evaluate his/her personal and professional abilities and limitations.	83	2	166	Professional Role
4.30	Discipline a student for a violation of standards of student behavior in vocational classrooms and laboratories.	83	2	166	Management
4.03	Recommend reference books and periodicals related to vocational education that should be added to the library.	83	2	166	Management
2.13	Provide enrichment instruction to challenge the abilities of the students.	83	2	166	Execution of Instruction
5.11	Assist students in developing good study habits.	82	2	164	Guidance and Placement

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PRIORITY LISTING OF VALIDATED TASKS

Question No.	Competency/Task	Task Involvement (Total Percentage of Respondees that Perform Task)	Weight Factor	Weighted Value	Component
2.58	Determine grade for performance for on-the-job and related instruction.	82	2	164	Execution of Instruction
2.18	Present a concept or principle through a demonstration.	82	2	164	Execution of Instruction
1.01	Select job tasks, conditions, and standards for which instructional plans are to be designed.	82	2	164	Planning
4.28	Discipline a student for a violation of school standards of expected student behavior.	81	2	162	Management
2.54	Evaluate student-learner's work qualities, personal traits, and progress on the job.	81	2	162	Execution of Instruction
2.49	Reward acceptable student performance.	81	2	162	Execution of Instruction
0.03	Introduce students to other members of a health care team.	81	2	162	Health Care Environment
8.03	Support professional organizations through membership and attendance at meetings.	79	2	158	Professional Role
5.22	Write letters of recommendation for students.	79	2	158	Guidance and Placement
2.32	Illustrate with overhead projector transparencies.	79	2	158	Execution of Instruction
2.22	Present information by the use of individualized instruction.	79	2	158	Execution of Instruction
0.12	Formally evaluate the clinical performance of students.	79	2	158	Health Care Environment
0.09	Refine instructional materials for use in a clinical environment.	79	2	158	Health Care Environment
0.07	Give appropriate feedback for student performance in a clinical environment in such a way as to maintain proper practitioner/patient relationship.	79	2	158	Health Care Environment
0.02	Evaluate a student's readiness to enter the clinical environment.	79	2	158	Health Care Environment
2.38	Direct students in practice of manipulative skills.	78	2	156	Execution of Instruction
2.20	Give an illustrated talk.	78	2	156	Execution of Instruction
1.19	Prepare assignment sheets for student use.	78	2	156	Planning
0.05	Coordinate actions of student-learners with other members of a health care team.	78	2	156	Health Care Environment
2.57	Engage in cooperative evaluation of student's achievement with student.	77	2	154	Execution of Instruction
2.17	Demonstrate a manipulative skill.	77	2	154	Execution of Instruction
0.06	Supervise student practice in a clinical environment.	77	2	154	Health Care Environment
8.01	Evaluate periodically his/her educational philosophy in relation to that held by a majority of other members of the teaching profession.	76	2	152	Professional Role
2.46	Provide a review or recitation of assignments.	76	2	152	Execution of Instruction
1.24	Prepare an instructional overhead transparency for a lesson.	76	2	152	Planning

Table 2

PRIORITY LISTING OF VALIDATED TASKS

Question No.	Competency/Task	Task Involvement (Total Percentage of Respondees that Perform Task)	Weight Factor	Weighted Value	Component
3.07	Evaluate student progress and/or achievement records to assess the efficiency (overtraining, undertraining, etc.) of instruction.	75	2	150	Evaluation
8.08	Assist teachers who are new in the system to understand the policies and regulations of the school.	74	2	148	Professional Role
6.21	Maintain working relationships with the school supporting staff through cooperation and mutual effort.	74	2	148	School-Community Relations
4.02	Identify new tools and equipment needed in a vocational course for the academic year.	73	2	146	Management
4.29	Formulate with students acceptable standards of behavior in vocational classrooms and laboratories.	72	2	144	Management
4.15	Devise a filing system for instructional materials.	72	2	144	Management
1.15	Develop a course syllabus for distribution to students.	72	2	144	Planning
5.03	Maintain anecdotal records on students.	71	2	142	Guidance and Placement
4.01	Compile a list of supplies needed for the academic year.	71	2	142	Management
3.02	Evaluate quality of on-the-job training received by student-learners.	71	2	142	Evaluation
2.06	Present information using the case problem method.	71	2	142	Execution of Instruction
2.25	Present information with assistance of a resource person.	69	2	138	Execution of Instruction
2.01	Conduct field trips.	69	2	138	Execution of Instruction
8.12	Select the position which is in keeping with his personal and professional abilities and limitations.	68	2	136	Professional Role
3.04	Obtain information from fellow teachers and supervisory personnel regarding the quality of his/her instruction.	68	2	136	Evaluation
2.59	Interpret students' evaluation of his/her performance.	68	2	136	Execution of Instruction
2.53	Evaluate individualized related assignments under directed study.	68	2	136	Execution of Instruction
2.41	Direct students in use of a paper-and-pencil practical exercise.	68	2	136	Execution of Instruction
2.07	Present information using conference technique.	68	2	136	Execution of Instruction
1.22	Prepare a chalkboard sketch for a lesson.	68	2	136	Planning
5.20	Present information to students on employment opportunities.	67	2	134	Guidance and Placement
2.66	Isolate and eliminate student deficiencies in attainment of a training objective during classroom instruction.	67	2	134	Execution of Instruction
2.40	Direct students in laboratory projects and exercises.	67	2	134	Execution of Instruction
2.26	Present information with a display.	67	2	134	Execution of Instruction
0.11	Evaluate health care procedures and equipment and make appropriate recommendations regarding needed revision and improvement.	67	2	134	Health Care Environment

Table 3

Comparison of Identified Priority Competencies for Total Group of Respondees In Regard to Time Spent, Consequence of Inadequate Performance and Training Time

Question No.	Competency	Time Spent % Time Required (4-7 Response)	Consequence of Inadequate Performance % Reported (4-7 Response)	Time Required to Train On-The-Job % Reported (4-7 Response)
2.27	Illustrate with models and real objects.	62%	56%	46%
2.12	Acknowledge student verbal and non-verbal cues or reactions.	84%	74%	61%
1.16	Prepare information sheets (handouts) for students.	78%	67%	59%
1.08	Select methods of evaluating student performance throughout unit.	78%	72%	67%
1.04	Determine objectives for a unit.	85%	73%	70%
1.14	Prepare a lesson plan (integrate objectives, learning experiences, evaluation, teaching techniques, and learning resources).	86%	73%	67%
1.11	Select methods of evaluation students' attainment of lesson objectives at the end of a unit.	85%	79%	67%
1.10	Select tools and equipment for a lesson demonstration.	85%	72%	69%
1.05	Identify lesson topics for a unit.	82%	74%	67%
2.11	Employ oral questioning techniques.	83%	70%	59%
2.09	Introduce a lesson or unit.	84%	72%	66%
1.12	Select tools and equipment for a lesson demonstration.	81%	69%	63%
1.06	Identify the specific objectives for a lesson.	84%	70%	67%
1.03	Identify the unit books for a course.	74%	70%	62%
1.02	Sequence performance goals (terminal objectives) for a course.	79%	72%	67%
4.31	Encourage students to exercise self-discipline.	69%	68%	51%
8.14	Acquire new occupational skills needed to keep pace with technological advancement in his teaching field.	77%	65%	53%
5.12	Recognize potential problems of students.	70%	67%	57%
5.09	Conduct a counseling session with a student.	67%	70%	59%
2.52	Appraise students' performance in relation to instructional standards.	81%	70%	61%
2.23	Give an assignment.	76%	67%	52%
2.19	Give a lecture.	81%	71%	55%
2.10	Summarize a lesson or unit.	78%	67%	52%
0.14	Interpret to students acceptable standards of behavior and appearance in the clinical environment.	73%	71%	56%
8.02	Exchange observational visits, innovations, and ideas with other teachers.	59%	55%	35%

Table 3

Comparison of Identified Priority Competencies for Total Group of Respondees In Regard to Time Spent, Consequence of Inadequate Performance and Training Time

Question No.	Competency	Time Spent % Time Required (4-7 Response)	Consequence of Inadequate Performance % Reported (4-7 Response)	Time Required to Train On-The-Job % Reported (4-7 Response)
2.28	Present information with chalkboard.	70%	64%	47%
2.08	Direct student study of written information (assignment sheets, textbooks, bulletins, and pamphlets.	71%	65%	51%
[illegible]15	Correct a student for a violation of standards of behavior or appearance in the clinical environment.	58%	69%	53%
3.01	Review student's progress and/or achievement records to assess effectiveness of instruction.	80%	70%	65%
2.65	Analyze teacher-made tests and results.	71%	68%	51%
2.64	Administer teacher-made tests.	78%	68%	48%
2.33	Illustrate with motion pictures.	62%	53%	41%
2.51	Formulate a system of grading consistent with school policy.	73%	63%	55%
2.16	Apply non-verbal techniques such as gestures, facial expression, and silence.	66%	58%	44%
1.20	Obtain textbooks, references, and other printed instructional material.	67%	61%	50%
0.08	Orient students to their professional responsibilities in the clinical environment.	76%	68%	61%
5.14	Work with other teachers and counselors to help students with individual problems.	55%	65%	50%
2.15	Establish frames of reference to enable the student to understand a situation from several points of view.	70%	60%	49%
1.13	Select and modify prefabricated or commercial training aids (charts, transparencies, motion picture, video tape, 35mm color slide presentations audio tapes) for a lesson.	64%	56%	52%
1.07	Determine group and individual learning experiences for a lesson based on individual differences of students.	72%	58%	57%
2.50	Consider cumulative data on students' ability and achievement in evaluating performance.	73%	64%	51%
2.21	Use analogies to present information.	68%	56%	44%
0.13	Counsel students who develop problems adjusting to illness or death.	54%	56%	48%
0.01	Identify learning outcomes best achieved in the clinical setting.	72%	55%	59%
8.11	Evaluate his/her personal and professional abilities and limitations.	80%	81%	71%
4.30	Discipline a student for a violation of standards of student behavior in vocational classrooms and laboratories.	65%	79%	72%
4.03	Recommend reference books and periodicals related to vocational education that should be added to the library.	63%	69%	64%

Table 3

Comparison of Identified Priority Competencies for Total Group of Respondees In Regard to Time Spent, Consequence of Inadequate Performance and Training Time

Question No.	Competency	Time Spent % Time Required (4-7 Response)	Consequence of Inadequate Performance % Reported (4-7 Response)	Time Required to Train On-The-Job % Reported (4-7 Response)
2.13	Provide enrichment instruction to challenge the abilities of the students.	77%	72%	77%
5.11	Assist students in developing good study habits.	67%	82%	69%
2.58	Determine grade for performance for on-the-job and related instruction.	89%	86%	85%
2.18	Present a concept or principle through a demonstration.	89%	83%	80%
1.01	Select job tasks, conditions, and standards for which instructional plans are to be designed.	87%	83%	89%
4.28	Discipline a student for a violation of school standards of expected student behavior.	63%	80%	70%
2.54	Evaluate student-learner's work qualities, personal traits, and progress on the job.	91%	85%	95%
2.49	Reward acceptable student performance.	82%	84%	66%
0.03	Introduce students to other members of a health care team.	69%	61%	52%
8.03	Support professional organizations through membership and attendance at meetings.	67%	65%	54%
5.22	Write letters of recommendation for students.	69%	70%	61%
2.32	Illustrate with overhead projector transparencies.	81%	81%	71%
2.22	Present information by the use of individualized instruction.	69%	79%	70%
0.12	Formally evaluate the clinical performance of students.	88%	87%	91%
0.09	Refine instructional materials for use in a clinical environment.	84%	78%	85%
0.07	Give appropriate feedback for student performance in a clinical environment in such a way as to maintain proper practitioner/patient relationship.	84%	81%	80%
0.02	Evaluate a student's readiness to enter the clinical environment.	86%	79%	81%
2.38	Direct students in practice of manipulative skills.	94%	87%	81%
2.20	Give an illustrated talk.	90%	83%	77%
1.19	Prepare assignment sheets for student use.	84%	84%	77%
0.05	Coordinate actions of student-learners with other members of a health care team.	80%	78%	79%
2.57	Engage in cooperative evaluation of student's achievement with student.	80%	81%	73%
2.17	Demonstrate a manipulative skill.	89%	85%	76%
0.06	Supervise student practice in a clinical environment.	88%	87%	86%
8.01	Evaluate periodically his/her educational philosophy in relation to that held by a majority of other members of the teaching profession.	77%	77%	68%
2.46	Provide a review or recitation of assignments.	83%	80%	66%
1.24	Prepare an instructional overhead transparency for a lesson.	70%	70%	66%

Table 3

Comparison of Identified Priority Competencies for Total Group of Respondees In Regard to Time Spent, Consequence of Inadequate Performance and Training Time

Question No.	Competency	Time Spent % Time Required (4-7 Response)	Consequence of Inadequate Performance % Reported (4-7 Response)	Time Required to Train On-The-Job % Reported (4-7 Response)
3.07	Evaluate student progress and/or achievement records to assess the efficiency (overtraining, undertraining, etc.) os instruction.	79%	77%	71%
8.08	Assist teachers who are new in the system to understand the policies and regulations of the school.	73%	71%	65%
6.21	Maintain working relationships with the school supporting staff through cooperation and mutual effort.	82%	75%	64%
4.02	Identify new tools and equipment needed in a vocational course for the academic year.	75%	73%	67%
4.29	Formulate with students acceptable standards of behavior in vocational classrooms and laboratories.	80%	88%	76%
4.15	Devise a filing system for instructional materials.	81%	79%	71%
1.15	Develop a course syllabus for distribution to students.	86%	79%	75%
5.03	Maintain anecdotal records on students.	84%	83%	75%
4.01	Compile a list of supplies needed for the academic year.	75%	78%	71%
3.02	Evaluate quality of on-the-job training received by student-learners.	86%	87%	83%
2.06	Present information using the case problem method.	69%	69%	64%
2.25	Present information with assistance of a resource person.	63%	73%	69%
2.01	Conduct field trips.	68%	60%	53%
8.12	Select the position which is in keeping with his personal and professional abilities and limitations.	79%	78%	66%
3.04	Obtain information from fellow teachers and supervisory personnel regarding the quality of his/her instruction.	72%	79%	68%
2.59	Interpret student's evaluation of his/her performance.	83%	76%	83%
2.53	Evaluate individualized related assignments under directed study.	83%	84%	80%
2.41	Direct students in use of a paper-and-pencil practical exercise.	80%	76%	67%
2.07	Present information using conference technique.	77%	75%	73%
1.22	Prepare a chalkboard sketch for a lesson.	63%	67%	63%
5.20	Present information to students on employment opportunities.	69%	61%	60%
2.66	Isolate and eliminate student deficiencies in attainment of a training objective during classroom instruction.	85%	84%	83%
2.40	Direct students in laboratory projects and exercises.	91%	82%	77%
2.26	Present information with a display.	68%	73%	69%
0.11	Evaluate health care procedures and equipment and make appropriate recommendations regarding needed revision and improvement.	78%	78%	80%

Table 4

Comparison of Identified Priority Competencies of Project H.O.P.E. to Ohio Center for Vocational Education Competency-Based Teacher Modules

Question No.	Competency	Project H.O.P.E. Component	Ohio Center for Vocational Education Category	Module No.
2.27	Illustrate with models and real objects.	Execution of Instruction	Instructional Execution	C-22
2.12	Acknowledge student verbal and non-verbal cues or reactions.	Execution of Instruction	Instructional Execution	C-12
1.16	Prepare information sheets (handouts) for students.	Planning	Instructional Planning	B-6
1.08	Select methods of evaluating student performance throughout unit.	Planning	Instructional Evaluation	D-1, D-2, D-3, D-4
1.04	Determine objectives for a unit.	Planning	Instructional Planning	B-2
1.14	Prepare a lesson plan (integrate objectives, learning experiences,evaluation, teaching techniques, and learning resources).	Planning	Instructional Planning	B-3, B-4
1.11	Select methods of evaluation of students' attainment of lesson objectives at the end of a unit.	Planning	Instructional Planning	D-2, D-3, D-4
1.10	Select tools and equipment for a lesson demonstration.	Planning	Instructional Planning	B-5
1.05	Identify lesson topics for a unit.	Planning	Instructional Planning	B-5
2.11	Employ oral questioning techniques.	Execution of Instruction	Instructional Execution	C-12
2.09	Introduce a lesson or unit.	Execution of Instruction	Instructional Execution	C-10
1.12	Select tools and equipment for a lesson demonstration.	Planning	Instructional Execution	C-16
1.06	Identify the specific objectives for a lesson.	Planning	Instructional Planning	B-2
1.03	Identify the unit books for a course.	Planning	Instructional Planning	B-3
1.02	Sequence performance goals (terminal objectives) for a course.	Planning	Program Planning	A-8
4.31	Encourage students to exercise self-discipline.	Management	Development & Evaluation & Management	E-7
8.14	Acquire new occupational skills needed to keep pace with technological advancement in his teaching field.	Professional Role	Professional Role	I-1
5.12	Recognize potential problems of students.	Guidance & Placement	Guidance	F-3
5.09	Conduct a counseling session with a student.	Guidance & Placement	Guidance	F-3
2.52	Appraise students' performance in relation to instructional standards.	Execution of Instruction	Instructional Evaluation	D-1
2.23	Give an assignment.	Execution of Instruction	Instructional Evaluation	C-6
2.19	Give a lecture.	Execution of Instruction	Instructional Evaluation	C-15
2.10	Summarize a lesson or unit.	Execution of Instruction	Instructional Evaluation	C-13
0.14	Interpret to students acceptable standards of behavior and appearance in the clinical environment.	Health Care Environment	--	--
8.02	Exchange observational visits, innovations, and ideas with other teachers.	Professional Role	Professional Role	I-1

Table 4
Comparison of Identified Priority Competencies of Project H.O.P.E.
to
Ohio Center for Vocational Education Competency-Based Teacher Modules

Question No.	Competency	Project H.O.P.E. Component	Ohio Center for Vocational Education Category	Module No.
2.28	Present information with chalkboard.	Execution of Instruction	Instructional Execution	C-29
2.08	Direct student study of written information (assignment sheets, textbooks, bulletins, and pamphlets).	Execution of Instruction	Instructional Execution	C-6
0.15	Correct a student for a violation of standards of behavior or appearance in the clinical environment.	Health Care Environment	--	--
3.01	Review student's progress and/or achievement records to assess effectiveness of instruction.	Evaluation	Instructional Evaluation	D-6
2.65	Analyze teacher-made tests and results.	Execution of Instruction	Instructional Evaluation	D-6
2.64	Administer teacher-made tests.	Execution of Instruction	Instructional Evaluation	D-6
2.33	Illustrate with motion pictures.	Execution of Instruction	Instructional Execution	C-25
2.60				
2.51	Formulate a system of grading consistent with school policy.	Execution of Instruction	Instructional Evaluation	D-5
2.16	Apply non-verbal techniques such as gestures, facial expression, and silence.	Execution of Instruction	Instructional Execution	C-6
1.20	Obtain textbooks, references, and other printed instructional material.	Planning	Instructional Planning	B-5
0.08	Orient students to their professional responsibilities in the clinical environment.	Health Care Environment	--	--
5.14	Work with other teachers and counselors to help students with individual problems.	Guidance & Placement	Guidance	F-3
2.15	Establish frames of reference to enable the student to understand a situation from several points of view.	Execution of Instruction	Instructional Execution	C-8
1.13	Select and modify prefabricated or commercial training aids (charts, transparencies, motion picture, video tape, 35mm color slide presentations, audio tapes) for a lesson.	Planning	Instructional Planning	B-5, B-6
1.07	Give appropriate feedback for student performance in a clinical environment in such a way as to maintain proper practitioner/patient relationship.	Planning	Instructional Execution	C-14
2.50	Consider cumulative data on students' ability and achievement in evaluating performance.	Execution of Instruction	Guidance	F-1
2.21	Use analogies to present information.	Execution of Instruction	Instructional Execution	C-5
0.13	Counsel students with problems adjusting to illnes or death.	Health Care Environment	--	--
0.01	Identify learning outcomes best achieved in the clinical setting.	Health Care Environment	--	--

Table 4

Comparison of Identified Priority Competencies of Project H.O.P.E. to Ohio Center for Vocational Education Competnecy-Based Teacher Modules

Question No.	Competency	Project H.O.P.E. Component	Ohio Center for Vocational Education Category	Module No.
8.11	Evaluate his/her personal and professional abilities and limitations.	Professional Role	Professional Role	I-1
4.30	Discipline a student for a violation of standards of student behavior in vocational classrooms and laboratories.	Management	Instructional Management	E-7
4.03	Recommend reference books and periodicals related to vocational education that should be added to the library.	Management	Instructional Management	E-1
2.13	Provide enrichment instruction to challenge the abilities of the students.	Execution of Instruction	Instructional Execution	C-14
5.11	Assist students in developing good study habits.	Guidance & Placement	Guidance	F-3
2.58	Determine grade for performance for on-the-job and related instruction.	Execution of Instruction	Instructional Evaluation	D-5
2.18	Present a concept or principle through a demonstration.	Execution of Instruction	Instructional Execution	C-16, C-17
1.01	Select job tasks, conditions, and standards for which instructional plans are to be designed.	Planning	Program Planning	A-2
4.28	Discipline a student for a violation of school standards of expected student behavior.	Management	Instructional Management	E-7
2.54	Evaluate student-learner's work qualities, personal traits, and progress on the job.	Execution of Instruction	Instructional Evaluation	D-1
2.49	Reward acceptable student performance.	Execution of Instruction	Instructional Evaluation	D-5
[illegible].03	Introduce students to other members of a health care team.	Health Care Environment	--	--
8.03	Support professional organizations through membership and attendance at meetings.	Professional Role	Professional Role	I-2
5.22	Write letters of recommendation for students.	Guidance & Placement	Guidance	F-5
2.32	Illustrate with overhead projector transparencies.	Execution of Instruction	Instructional Execution	C-23
2.22	Present information by the use of individualized instruction.	Execution of Instruction	Instructional Execution	C-18
0.12	Formally evaluate the clinical performance of students.	Health Care Environment	--	--
0.09	Refine instructional materials for use in a clinical environment.	Health Care Environment	--	--
0.07	Give appropriate feedback for student performance in a clinical environment in such a way as to maintain proper practitioner/patient relationship.	Health Care Environment	--	--
0.02	Evaluate a student's readiness to enter the clinical environment.	Health Care Environment	--	--
2.38	Direct students in practice of manipulative skills.	Execution of Instruction	Instructional Execution	C-16
2.20	Give an illustrated talk.	Execution of Instruction	Instructional Execution	C-15
1.19	Prepare assignment sheets for student use.	Planning	Instructional Planning	B-6

Table 4
Comparison of Identified Priority Competencies of Project H.O.P.E. to Ohio Center for Vocational Education Competency-Based Teacher Modules

Question No.	Competency	Project H.O.P.E. Component	Ohio Center for Vocational Education Category	Module No.
0.05	Coordinate actions of student-learners with other members of a health care team.	Health Care Environment	--	--
2.57	Engage in cooperative evaluation of student's achievement with student.	Execution of Instruction	Guidance	F-3
2.17	Demonstrate a manipulative skill.	Execution of Instruction	Instructional Execution	C-16
0.06	Supervise student practice in a clinical environment.	Health Care Environment	--	--
8.01	Evaluate periodically his/her educational philosophy in relation to that held by a majority of other members of the teaching profession.	Professional Role	Professional Role	I-3
2.46	Provide a review or recitation of assignments.	Execution of Instruction	Instructional Execution	C-12
1.24	Prepare an instructional overhead transparency for a lesson.	Planning	Instructional Planning	B-6
3.07	Evaluate student progress and/or achievement records to assess the efficiency (overtraining, undertraining, etc.) of instruction.	Evaluation	Instructional Evaluation	D-6
6.21	Maintain working relationships with the school supporting staff through cooperation and mutual effort.	School-Community Relations	Social/Community Relations	G-10
4.29	Formulate with students acceptable standards of behavior in vocational classrooms and laboratories.	Management	Instructional Management	E-5
4.15	Devise a filing system for instructional materials.	Mangement	Instructional Management	E-4
1.15	Develop a course syllabus for distribution to students.	Planning	Program Planning	A-8
5.03	Maintain anecdotal records on students.	Guidance & Placement	Guidance	F-1
4.01	Compile a list of supplies needed for the academic year.	Mangement	Instructional Management	E-2
3.02	Evaluate quality of on-the-job training received by student-learners.	Evaluation	Instructional Evaluation	D-1, D-6
2.06	Present information using the case problem method.	Execution of Instruction	Instructional Execution	C-8
2.25	Present information with assistance of a resource person.	Execution of Instruction	Instructional Execution	C-20
2.01	Conduct field trips.	Execution of Instruction	Instructional Execution	C-1
8.12	Select the position which is in keeping with his personal and professional abilities and limitations.	Professional Role	Professional Role	I-5
3.04	Obtain information from fellow teachers and supervisory personnel regarding the quality of his/her instruction.	Evaluation	Instructional Evaluation	D-6
2.53	Evaluate individualized related assignments under directed study.	Execution of Instruction	Instructional Evaluation	D-6
2.41	Direct students in use of a paper-and-pencil practical exercise.	Execution of Instruction	Instructional Execution	C-6
2.07	Present information using conference technique.	Execution of Instruction	Guidance	F-3

Table 4

Comparison of Identified Priority Competencies of Project H.O.P.E. to Ohio Center for Vocational Education Competency-Based Teacher Modules

Question No.	Competency	Project H.O.P.E. Component	Ohio Center for Vocational Education Category	Module No.
1.22	Prepare a chalkboard sketch for a lesson.	Planning	Instructional Planning & Execution	B-6, C-29
5.20	Present information to students on employment opportunities.	Guidance & Placement	Guidance	F-5
2.40	Direct students in laboratory projects and exercises.	Execution of Instruction	Instructional Execution	C-7
2.26	Present information with a display.	Execution of Instruction	Instructional Execution	C-21
0.11	Evaluate health care procedures and equipment and make appropriate recommendations regarding needed revision and improvement.	Health Care Environment	--	--

APPENDIX A.5

COMPARISON STUDY OF COMPETENCY-BASED PROGRAMS

5.1 TABLE 5 - COMPARISON OF OHIO CENTER FOR VOCATIONAL EDUCATION MODULES SELECTED FOR SURVIVAL KIT BY THREE SEPARATE STUDIES

5.2 TABLE 6 - COMPARISON OF OHIO CENTER FOR VOCATIONAL EDUCATION MODULES SELECTED FOR PRE-SERVICE VOCATIONAL PROGRAM BY THREE SEPARATE STUDIES

COMPARISON STUDY OF COMPETENCY-BASED PROGRAMS

From the state of the art search of competency-based programs, A Delphi Study conducted by E.P.D.A.-Sub Project No. 12 by the University of Maine at Portland-Gorham was selected as a basis of comparison for the Project H.O.P.E. study. Further, the competency-based program for two year post-secondary vocational education teachers developed by The Nebraska Advisory Council for Vocational Education, Lincoln, Nebraska was analyzed. Both of the above studies sought to identify Ohio State Modules that provided for entry-level competencies needed by vocational teachers. The Delphi and Nebraska studies both identified the need for the competency-based program to emphasize two main goals. One goal provided for entry-level teaching competencies needed before a tradesman should enter a classroom (survival kit). The second goal provided for entry-level teaching competencies needed by a pre-service vocational teacher-education program.

Table 5 compares the Ohio State Modules identified by The Delphi Study, Nebraska Study and Project H.O.P.E. The Delphi Study and Nebraska Study were conducted by vocational educators, but did not identify health occupations educators as participants in the studies. Project H.O.P.E. participants were health occupations educators; therefore, the author selected these studies to provide a comparison control for the competencies. Table 5 compares competencies identified for survival kit.

Table 6 compares the competencies identified for the pre-service vocational teacher education program as cited by The Delphi Study, Nebraska Study, and Project H.O.P.E.

Table 5

Comparison of Ohio Center for Vocational Education Modules Selected for Survival Kit by Three Separate Studies

Ohio State Module	Nebraska Study [14/28 Identified]	Delphi Study [40 Identified]	Project H.O.P.E. Study [43 Identified]
	Module No.		
Category A Program Planning, Development, and Evaluation	A-8		2
		10	8
		11	
Category B Instructional Planning	B-1	1	
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6
Category C Instructional Execution	C-2		5
	6	6	6
	7	7	7
		8	8
	9	9	
	10	10	10
	11	11	
		12	12
		13	13
		14	14
	15	15	15
	16	16	16
	17	17	17
	18	18	18
	20		20
			21
	22	22	22
	23		23
			25
	29	29	29

Table 5

Comparison of Ohio Center for Vocational Education Modules Selected for Survival Kit by Three Separate Studies

Ohio State Module	Nebraska Study [14/28 Identified]	Delphi Study [40 Identified]	Project H.O.P.E. Study [43 Identified]
Category D Instructional Evaluation	D-1	1	1
	2	2	2
	3	3	3
	4	4	4
		5	5
		6	6
Category E Instructional Management		5	
		6	
	E-7		7
		8	
		9	
Category F Guidance			1
	F-2		
	3		3
		4	4
			5
		7	
Category G School, Community Relations			10
Category I Professional Role and Development			1
		2	2
	I-3	3	3
		4	
		5	5

Nebraska Study Identified 28 competencies needed before entry into classroom, but tradesman could be conditionally certified after completing 14 competencies.

Delphi Study Identified 40 competencies needed before entry into classroom, but did not state number needed for completion before conditional certification.

Project H.O.P.E. Study Identified 42 competencies needed before entry based on 85% or more respondents identifying the competencies.

Table 6

Comparison of Ohio Center for Vocational Education Modules Selected for Pre-Service Vocational Program by Three Separate Studies

Ohio State Module Category ––Number	Nebraska Study	Delphi Study	Project H.O.P.E. Study
Category A Program Planning, Development, and Evaluation	1		
	2		2
	3		
	4		
	5		
	6		
	7		
	8	8	8
	9	9	
	10	10	
	11	11	
Category B Instructional Planning	1	1	
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6
Category C Instructional Execution	1	1	1
	2	2	
	3	3	
	4	4	
	5		5
	6	6	6
	7	7	7
	8	8	8
	9	9	
	10	10	10
	11	11	
	12	12	12

Table 6

Comparison of Ohio Center for Vocational Education Modules Selected for Pre-Service Vocational Program by Three Separate Studies

Ohio State Module Category –– Number	Nebraska Study	Delphi Study	Project H.O.P.E. Study
Category C Con 't.	13	13	13
	14	14	14
	15	15	15
	16	16	16
	17	17	17
	18	18	18
	19		
	20		20
	21	21	21
	22	22	22
	23	23	23
	24	24	
	26	26	
	27		
	29	29	29
Category D Instructional Evaluation	1	1	1
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6
Category E Instructional Management	1	1	
	2		2
	3		
	4	4	
	5	5	
	6	6	
	7	7	7
	8	8	
	9	9	

Table 6

Comparison of Ohio Center for Vocational Education Modules Selected for Pre-Service Vocational Program by Three Separate Studies

Ohio State Module Category –– Number	Nebraska Study	Delphi Study	Project H.O.P.E. Study
Category F Guidance	1		1
	2		
	3		3
	4	4	4
	5	5	5
Category G School, Community Relations	1	1	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9	9	9
	10		
Category H Student Vocational Organization	1	1	
	2		
	3		
	4		
	5		
Category I Professional Role and Development	1	1	1
	2	2	2
	3	3	3
	4	4	
			5

Table 6

Comparison of Ohio Center for Vocational Education Modules Selected for Pre-Service Vocational Program by Three Separate Studies

Ohio State Module Category –– Number	Nebraska Study	Delphi Study	Project H.O.P.E. Study
Category J Coordination	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

Nebraska Study identified 95 teaching competency modules needed for entry-level pre-service program. The pre-service program included 28 survival competency modules plus 67 additional ones. Only 34 competency modules (35%) were required before a post secondary educator could complete the pre-service program.

Delphi Study identified 58 teaching competency modules needed for entry-level pre-service program. The 40 survival competencies were included in 58 pre-service competency modules.

Project H.O.P.E. identified 41 teaching competency modules needed for entry-level pre-service program. The 70 survival competencies were included in 99 pre-service competencies which were contained in 41 modules. The competencies were identified as being performed by 67% or more of all respondents.

APPENDIX A.6

PROPOSED COMPETENCY-BASED HEALTH OCCUPATIONS EDUCATION PROGRAM

6.1 TABLE 7 - PROPOSED HEALTH OCCUPATIONS PRE-SERVICE PROGRAM

6.2 JUSTIFICATION OF THE COMPETENCIES SELECTED FOR THE PRE-SERVICE HEALTH OCCUPATIONS PROGRAM

6.3 PROPOSED IN-SERVICE COMPETENCY-BASED PROGRAM

PROPOSED COMPETENCY-BASED
HEALTH OCCUPATIONS EDUCATION PROGRAM

The standards used in developing this competency-based health occupations program have been established by Indiana Division of Teacher Certification as stated in Teacher Education and Certification Handbook (TEACH).

Not all competencies identified by the Project H.O.P.E. questionnaire or competencies required by TEACH have been analyzed with modules developed for individual study. In order to meet the requirements of the certification pattern, a total competency-based program cannot be cited at this time. However, the Ohio State Modules identified as pertinent to Indiana health occupations educators have been designated for use whenever appropriate.

The proposed program deals specifically with the health occupations major and professional education segment of the certification pattern. Table 6 lists the certification requirements and course name, identifies competencies within the course, and cites the appropriate Ohio State Modules when available to meet the requirements of Indiana health occupations teacher certification pattern.

Table 7
Proposed Health Occupations Pre-Service Program

Health Occupations Education Major

Certification Requirement	Course	Competencies	Ohio State Module	Credit
Major: Health Occupations	Health Occupations speciality	Obtain a certification, license, or registry in health occupations speciality	None Available (N/A)	1 Year training health occupations program speciality – 21 Sem. Hours 2 Years or more training health occupations speciality – 43 Hours
Principles, Philosophy, & Organization of Vocational Education	Principles, Philosophy, & Organization of Vocational Education	1. Identify principles upon which vocational education is organized, administered, and supervised.	N/A	6 Sem. Hours
		2. Determine various kinds of vocational programs available.	N/A	
		3. Identify federal and state regulations regarding vocational education.	N/A	
		4. Establish and maintain a professional philosophy of education.	I-3	
		5. Cooperate with State and Local Educators	G-9	
		6. Develop vocational education Program Goals and Objectives	A-6	
		7. Develop long range plans for a vocational program	A-9	
		8. Evaluate a vocational program	A-11	
Coordination of Vocational Education	Coordination of Vocational Education	1. Plan and conduct Related Instruction	J-9	4 Sem. Hours
		2. Evaluate Students On-the-Job	J-8	
		3. Identify and Secure Prospective Training Stations	J-4	
		4. Coordinate and Supervise On-Job-Instruction	J-7	
		5. Place Students On-the-Job	J-5	
		6. Establish Guidelines for a Cooperative Vocational Education Program	J-1	
		7. Establish and Apply Policies for Managing Student Attendance, Transfers, etc.	J-2	
		8. Identify and Enroll Prospective Students	J-3	
		9. Develop theTraining Ability of On-the-Job Instructors	J-6	
		10. Conduct an Employee-Employer Appreciation Event	J-10	

Table 7

Proposed Health Occupations Pre-Service Program

Health Occupations Education Major

Certification Requirement	Course	Competencies	Ohio State Module	Credit
Overview of the Total Health Field	Overview of Health Field	1. Identify the Various Health Professions by Defining Job Titles, Duties, Certification, Licensure, or Registry Requirements, and Professional Organizations.	N/A	
		2. Interpret the Manpower Predictions of Health Professions	N/A	
		*3. Perform Selected Entry-Level Duties of the Six Most Common Job Titles Identified in Secondary Health Occupations Cooperative Program	N/A	
		4. Identify the Government and Private Agencies Influencing Health Professions	N/A	
		5. Explain Selected Social Forces That Influence Development of Health Occupations Programs	N/A	
		6. Identify and Discuss Private and Public Funding Agencies That Affect Health Professions	N/A	
Overview of the Total Health Field	Clinical Evaluation in Health Occupations Program	1. Keep Up-to-Date in One's Profession and In One's Occupational Speciality	I-1	3 Sem. Hours
		2. Serve One's Teaching Profession	I-2	
		3. Interpret to Students Acceptable Standards of Behavior and Appearance in the Clinical Environment	N/A	
		4. Correct a Student for a Violation of Standard of Behavior or Appearance in the Clinical Environment.	N/A	
		5. Orient Students to Their Professional Responsibilities in the Clinical Environment	N/A	
		6. Identify Learning Outcomes Best Achieved in the Clinical Setting	N/A	
		7. Counsel Students With Problems Adjusting to Illness or Death	N/A	
		8. Introduce Students to Other Members of a Health Care Team	N/A	

Table 7
Proposed Health Occupations Pre-Service Program

Health Occupations Professional Education

Certification Requirement	Course	Competencies	Ohio State Module		Credit
Foundations of Education	Introduction to Teaching	1. Identify the Function of Public Education in Society	N/A		3 Sem. Hours
		2. Determine the Basis of Development of the Present Educational System	N/A		
		3. Determine the Nature of Education's Impact and Influence on Society Through Historical-Sociological and Philosophical Foundations	N/A		
		4. Study Competencies Identified for Teacher	N/A		
		5. Determine Through Self-Analysis (personality tests, etc.) if One Can Master Teach Competencies	N/A		
		6. Plan One's Educational Career	N/A		
Educational Psychology	Educational Psychology	1. Determine the Development of Personality From Infancy Through Maturity	N/A		3 Sem. Hours
		2. Determine the Affect of Personality On Life in the Family, in the School, in the Community, and in Society	N/A		
Sociology of Education					
Reading	Reading Secondary	1. Identify Practical Procedures for Developing Effective Reading Skills for Secondary Teachers	N/A		3 Sem. Hours
		2. Determine Relationships Between Process of Reading and Learning of Content	N/A		
		3. Develop a Plan for Meeting Total Range of Student Reading Needs	N/A		
		4. Identify Methods and Materials to Enhance Learning and Study Skills for One's Curriculum	N/A		
General Methodology and Organization	Health Occupations Methods	1. Develop Student Performance Objectives	B-2	*B-1 - B-6 were given in Lab Experience Class—should be checked for performance	
		2. Plan a Unit of Instruction	B-3		
		3. Write a Lesson Plan	B-4		
		4. Select and Obtain Student Instructional Materials	B-5		

Table 7

Proposed Health Occupations Pre-Service Program

Health Occupations Professional Education

Certification Requirement	Course	Competencies	Ohio State Module	Credit
		5. Prepare Teacher-Made Instructional Material	B-6	
		6. Determine Needs and Interests of Students	B-1	
		7. Stimulate Learning through Brainstorming, Buzz Group, and Question Box Techniques	C-3	
		8. Direct Student Study	C-6	
		9. Direct Students in Applying Problem-Solving Techniques	C-8	
		10. Introduce a Lesson	C-10	
		11. Summarize a Lesson	C-11	
		12. Employ Oral Questioning Techniques	C-12	
		13. Employ Reinforcement Techniques	C-13	
		14. Demonstrate a Manipulative Skill	C-16	
		15. Demonstrate a Concept of Principle	C-17	
		16. Direct Individualized Instruction	C-18	
		17. Illustrate with Bulletin Boards and Exhibits	C-21	
		18. Illustrate with Models, Real Objects, and Flannel Boards	C-22	
		19. Present Information with Overhead and Opaque Materials	C-23	
		20. Present Information with Filmstrips and Slides	C-24	
		21. Present Information with Films	C-25	
		22. Present Information with Audio Recordings	C-26	
		23. Present Information with the Chalkboard and Flip Chart	C-29	
		24. Establish Criteria for Student Performance in a Vocational Education Program	D-1	
		25. Assess Student Cognitive Performance	D-2	
		26. Assess Student Affective Performance	D-3	
		27. Assess Student Psychomotor Performance	D-4	
		28. Determine Student Grades in a Vocational Program	D-5	
		29. Evaluate Instructional Effectiveness	D-6	

Table 7
Proposed Health Occupations Pre-Service Program

Health Occupations Professional Education

Certification Requirement	Course	Competencies	Ohio State Module	Credit
Special Methods	Special Methods (Use Clinical Evaluation in Health Occupations Program)	See Clinical Evaluation in Health Occupation Program for Competencies		3 Sem. Hours
Classroom Management	Classroom Management	1. Direct Individual and Group Field Trips	C-1	4 Sem. Hours
		2. Conduct Group Discussions, Panel Discussions, and Symposiums	C-2	
		3. Direct Students in Instructing Other Students	C-4	
		4. Direct the Project Method	C-9	
		5. Provide Instruction for Slower and/or More Capable Students	C-14	
		6. Present Information through an Illustrated Talk	C-15	
		7. Provide for the Safety Needs of Vocational Students	E-5	
		8. Provide for the First Aid Needs of Vocational Students	E-6	
		9. Assist Students in Developing Self-Discipline	E-7	
		10. Manage and Maintain the Vocational Laboratory	E-9	
Lab Experiences	Lab Experience	1. Employ the Project Method	C-9	3 Sem. Hours
		2. Determine Needs and Interests of Students	B-1	
		3. Develop Student Performance Objectives	B-2	
		4. Plan a Unit of Instruction	B-3	
		5. Write a Lesson Plan	B-4	
		6. Select and Obtain Student Instructional Materials	B-5	
		7. Prepare Teacher-Made Instructional Materials	B-6	
		8. Participate in a Pre-Student Teaching Field Experience for Specified Period of Time	N/A	

Table 7
Proposed Health Occupations Pre-Service Program

Health Occupations Education Major

Certification Requirement	Course	Competencies	Ohio State Module	Credit
		9. Refine Instructional Materials For Use in a Clinical Environment	N/A	3 Sem. Hours
		10. Evaluate a Student's Readiness to Enter the Clinical Environment	N/A	
		11. Formally Evaluate the Clinical Performance of Students	N/A	
		12. Give Appropriate Feedback for Student Performance in a Clinical Environment in Such a way as to Maintain Proper Practitioner/Patient Relationship	N/A	
		13. Coordinate Actions of Student-Learner With Other Members of a Health Care Team	N/A	
		14. Supervise Student Practice in a Clinical Environment	N/A	
		15. Evaluate Health Care Procedures and Equipment and Make Appropriate Recommendations Regarding Needed Revisions and Improvement	N/A	
Work Experience		1. Provide Proof of Two Years Work Experience in Given Health Occupations Speciality (4000 clock hours)	N/A	None
		or		
		2. Provide Proof of 1500 clock hours of Supervised Work in Health Occupations Speciality Under an Approved Health Occupations Teacher Training Program	N/A	
		or		
		3. Provide Proof of a Combined Equivalent to 1 and 2 above	N/A	
Electives in Health Occupational Area to Establish 52 Semester Major	Work Experience or Occupational Experience	1. Complete a Three Year Validated Occupational Experience in Health Occupations Speciality	N/A	10 Hours
		2. Attend Workshops Approved for Continuing Education Division in One's Health Speciality	N/A	
		3. Complete Classes in One's Health Speciality	N/A	Amount Needed Up to 52 Hours

Table 7
Proposed Health Occupations Pre-Service Program

Health Occupations Professional Education

Certification Requirement	Course	Competencies	Ohio State Module	Credit
Student Teaching	Health Occupations Student Teaching	All Competencies Listed in Student Teaching Must Be Tested in Actual Classroom. Student Teaching Will Provide Test Situation		
		1. Participate for a Minimum of Nine Weeks as a Full-Time Student Teacher in an Appropriate Subject Area	N/A	9 Sem. Hours
None	Student Organization for Health Occupations Students	1. Develop a Personal Philosophy Toward Student Vocational Organization	H-1	3 Sem. Hours
		2. Establish a Student Vocational Organization	H-2	
		3. Prepare Students for Leadership Roles in the Student Vocational Organization	H-3	
		4. Assist Students in Developing and Financing a Yearly Program of Activities	H-4	
		5. Supervise Activities of the Student Vocational Organization	H-5	
		6. Provide Learning Experiences for Vocational Students Through Contests	H-6	
None	Guidance for Health Occupations Program	1. Select and Use Appropriate Student Data-Collection Sources and Techniques	F-1	2 Sem. Hours
		2. Gather Student Data Through Personal Contacts	F-2	
		3. Use Conferences to Help Students Meet Personal, Educational and Vocational Needs	F-3	
		4. Provide Information on Educational and Career Opportunities	F-4	
		5. Assist Students in Applying for Employment or Further Education	F-5	

JUSTIFICATION OF THE COMPETENCIES SELECTED FOR THE PRE-SERVICE HEALTH OCCUPATIONS PROGRAM

The competency-based modules from the Ohio State Center for Vocational Education that were selected for inclusion in the pre-service health occupations program were those identified from the Project H.O.P.E. survey of Indiana health occupations educators.

A comparison of competency-based Ohio State Modules identified by the Delphi Study and the Nebraska Study were used as a control group to make certain no important teaching modules were omitted from pre-service program. Six modules were added from the instructional execution category based on the comparison study. Also, three modules were added from the management category to complete the pre-service program.

The coordination component of teaching competencies was omitted from the original Project H.O.P.E. questionnaire. During the second year of the project, coordination competencies were identified and validated by jury; therefore, they have been included in the pre-service program.

At the time the Project H.O.P.E. questionnaire was sent, Winter 1975, a state health occupations club did not exist. Since 1975 The Indiana Health Occupations Student of America Organization has been formed and is a state affiliate of National Health Occupation Students of America. Due to the change in status of the health occupation youth organization, this category has been added to the pre-service program.

Ohio State Modules were equated to semester hours using a basis of fifteen (15) hours of work equal to one (1) semester credit hour. Ohio Center for Vocational Education has prepared a proposed time schedule requirement for previous field tested modules. Based on this time schedule, 50% or more of the people were able to complete the modules on an average of 4-6 hours per module. To determine the amount of semester credit per course the number of modules multiplied by 6 hours per module gave the total time to be spent. The total time spent divided by 15 hours/semester credit equaled the semester credit allowed per course.

Example:

Coordination Course:

10 Ohio Modules/course x 6 hours/module = 60 hours/course

60 hours/course ÷ 15 hours/1 semester credit = 4 semester credits per course

PROPOSED IN-SERVICE COMPETENCY-BASED PROGRAM

In the past, vocational education instructors have been employed if they had two-five years of experience in their vocational field. The years of experience required were dependent upon the specific vocational program. The vocational director and teacher-educator from the assigned university would meet with the instructor to determine his/her immediate needs. The instructor was then required to participate in a 15 clock hour experience with the teacher-educator in order to obtain a provisional certification. To renew a provisional certificate the instructor had to obtain an additional 30 clock hours.

Problems have arisen over the years with this type of provisional certification procedure. The Nebraska Study is currently involved in using the Ohio State Modules for inservice training for vocational educators. The Nebraska Study should be followed to determine the success of this program. The managerial and implementation procedures have been developed by this study.

The foundation for the following proposed in-service program is based on research and data collected by competency-based component of Project H.O.P.E.

The survival kit of teaching competency modules have been identified using the Ohio State Modules. The modules could be used by the teacher-educator, vocational director, and vocational instructor to provide in-service training for provisional certified people. Using the time schedule proposed for the Ohio Modules the clock hour requirement could be met. The modules could also be equated to college credit if the instructor so desired. The great advantage to using the modules would allow for consistency of training, selection of course content, and provide for the immediate individual needs of the instructor.

PROCEDURE FOR OBTAINING PROVISIONAL CERTIFICATION

1. Vocational instructor will meet with vocational director (or inservice director) to evaluate his/her teaching background.
2. Vocational director will contact the university teacher-trainor.
3. Instructor, director, and teacher-trainor will select the module (s) from the survival kit module list that meets the needs of instructor according to his/her background.
4. The instructor may decide whether to take the inservice for college credit or clock hours.
5. It is recommended clock hours be listed at continuing education units.

APPENDIX A.7

LIST OF HEALTH OCCUPATIONS COMPETENCIES

List of Health Occupations Competencies

1. Identify the Various Health Professions by Defining Job Titles, Duties, Certification, Licensure, or Registry Requirements, and Professional Organizations
2. Interpret the Manpower Predictions of Health Professions
3. Perform Selected Entry-Level Duties of the Six Most Common Job Titles Identified in Secondary Health Occupations Cooperative Program
4. Identify the Government and Private Agencies Influencing Health Professions
5. Explain Selected Social Forces That Influence Development of Health Occupations Programs
6. Identify and Discuss Private and Public Funding Agencies That Affect Health Professions
7. Keep Up-to-Date in One's Profession and In One's Occupational Specialty
8. Serve One's Teaching Profession
9. Interpret to Students Acceptable Standards of Behavior and Appearance in the Clinical Environment
10. Correct a Student for a Violation of Standard of Behavior or Appearance in the Clinical Environment
11. Orient Students to Their Professional Responsiblities in the Clinical Environment
12. Identify Learning Outcomes Best Achieved in the Clinical Setting
13. Counsel Students With Problems Adjusting to Illness or Death
14. Introduce Students to Other Members of a Health Care Team
15. Refine Instructional Materials For Use in a Clinical Environment
16. Evaluate a Student's Readiness to Enter the Clinical Environment
17. Formally Evaluate the Clinical Performance of Students

18. Give Appropriate Feedback for Student Performance in a Clinical Environment in Such a Way as to Maintain Proper Practitioner/ Patient Relationship

19. Coordinate Actions of Student-Learner With Other Members of a Health Care Team

20. Supervise Student Practice in a Clinical Environment

21. Evaluate Health Care Procedures and Equipment and Make Appropriate Recommendations Regarding Needed Revisions and Improvement

APPENDIX A.8

RESURVEY OF THREE SUB CLUSTERS OF HEALTH OCCUPATIONS CLUSTER

8.1 SUMMARY OF RESURVEY FOR 1976-1977

8.2 LETTERS AND QUESTIONNAIRES USED IN RESURVEY

SUMMARY OF RESURVEY
FOR 1976-1977

For the 1974-75 year, 87 job titles in four sub-clusters of health occupations were surveyed. Job incumbent response was imperative to Performanced-Based Student Training Component which was involved in curriculum development. Performance-Based Student Training researcher re-survey 34 job titles from the Patient Care Services sub-cluster during 1975-1976 project.

In order to identify the entry-level skills for various health occupations needed to be taught to secondary health occupations coordinators, it was necessary to re-survey 3 sub-clusters designated in Indiana Health Occupations Cluster. Job titles from Dental Care Services, Medical and Clerical Services, and Animal Care Services were re-surveyed because responses had not been sufficient to validate the tasks. All job titles with less than 15 responses were re-surveyed.

Thirty Surveys were sent to each of the following job titles.

Sub Cluster	Job Title	Total Number Responding
Animal Care Services (Veterinary)	Veterinary Assistant	16
	Groomer	1
	Veterinary Lab Assistant	0
	Veterinary X-ray Assistant	0
	Cage-Care Attendant	2
	Receptionist	0
	Record Keeper	0
Medical and Clerical Services	Medical Transcriber	1
	Medical Stenographer	9
	Medical-Dental Secretary	10
	Medical Librarian Assistant	20
	Medical Records Clerk	12
	Medical Records Technician	20
	Insurance Clerk	4
	Ward-Unit Clerk	11
	Ward Secretary	8
	Medical Assistant	20

Sub Cluster	Job Title	Total Number Responding
Dental Services	Dental Assistant	20
	Oral Surgery Dental Assistant	1
	Orthodontic Dental Assistant	2
	Pedadontic Dental Assistant	4
	Endodontic Dental Assistant	1
	Expanded Duties Dental Assistant	6
	Dental Receptionist	15
	Dental Lab Technician	10

Ten responses were required by Project H.O.P.E.'s criteria before the validation could be accepted. Fifteen of the job titles from the survey and re-survey received less than ten responses. These fifteen job titles have limited job demands and are very specialized in nature; therefore, their entry-level skills will not be recommended for inclusion in training for secondary health occupations coordinators.

The questionnaires for the re-survey were disseminated to specific personnel identified by a sub-advisory committee.

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PROJECT H.O.P.E.

Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

PROJECT DIRECTOR:
Beverly Hankenhoff
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

Dear Respondent:

In an effort to meet the ever-increasing demand for qualified Allied Health workers in Indiana, the State Board of Vocational-Technical Education has funded a research effort called Project H.O.P.E., Health Occupational Program Educators. One of the objectives of this project is to gather data in the form of task statement inventories that might be used to develop curriculum for training programs at the secondary and less than baccalaureate post-secondary levels. We urgently need your help in determing the tasks which specific job holders perform.

Enclosed are surveys for jobs we feel appropriate for your facility. Please select person(s) indicated below, to complete the enclosed survey for each of the following job titles:

Veterinary Services

- Veterinary Assistant
- Groomer
- Veterinary Lab. Assistant
- Veterinary X-Ray Assistant
- Cage-Care Attendant
- Receptionist
- Record Keeper

A self-addressed envelope has been enclosed for each person completing a survey. Please have each person complete the survey and return it to:

Mrs. Shirley Smalley
New Castle Area Vocational School
801 Parkview Drive
New Castle, IN 47362

The survey should be returned by March 15, 1977. Thank you for your cooperation.

Sincerely,

Shirley F. Smalley (Mrs.)
Project H.O.P.E.
Principal Investigator

SFS/sa
enclosures

S[illegible]CLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequ[illegible] of Inad[illegible] Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
0.01	Operate an autoclave	1 2 3 4 5	1234567	1234567	1234567
0.02	Operate a boiling sterilizer	1 2 3 4 5	1234567	1234567	1234567
0.03	Prepare chemicals needed for sterilization	1 2 3 4 5	1234567	1234567	1234567
0.04	Wrap and pack gloves, surgical gowns, and drapes for sterilization in steam equipment	1 2 3 4 5	1234567	1234567	1234567
0.05	Wrap and pack surgical clothes for gas sterilization	1 2 3 4 5	1234567	1234567	1234567
0.06	Clean surgical & diagnostic equipment for specific surgical produces	1 2 3 4 5	1234567	1234567	1234567
0.07	Pack surgical & diagnostic equipment for specific surgical procedure	1 2 3 4 5	1234567	1234567	1234567
0.08	Maintain inventory of chemicals needed for surgery	1 2 3 4 5	1234567	1234567	1234567
0.09	Maintain inventory of surgical clothes needed for surgery	1 2 3 4 5	1234567	1234567	1234567
0.10	Maintain inventory of supplies needed for surgery	1 2 3 4 5	1234567	1234567	1234567
0.11	Receive and store expendable supplies	1 2 3 4 5	1234567	1234567	1234567
0.12	Clean sterilization equipment	1 2 3 4 5	1234567	1234567	1234567
0.13	Restrain any animal for examination	1 2 3 4 5	1234567	1234567	1234567
0.14	Assist in placement of bandages	1 2 3 4 5	1234567	1234567	1234567
0.15	Remove bandages	1 2 3 4 5	1234567	1234567	1234567
0.16	Assemble supplies for surgery	1 2 3 4 5	1234567	1234567	1234567
0.17	Assemble equipment for surgery	1 2 3 4 5	1234567	1234567	1234567
0.18	Weigh animals prior to surgery	1 2 3 4 5	1234567	1234567	1234567
0.19	Brush and clean animal for surgery	1 2 3 4 5	1234567	1234567	1234567
0.20	Clean feet and remove shoes for surgery	1 2 3 4 5	1234567	1234567	1234567
0.21	Rinse mouth of animal	1 2 3 4 5	1234567	1234567	1234567
0.22	Place leg protectors	1 2 3 4 5	1234567	1234567	1234567
0.23	Tie tail prior to surgery	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	[illegible]e Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
0.24	Manipulate animal on to table	1 2 3 4 5	1234567	1234567	1234567
0.25	Adjust ropes, straps, and halters on animal	1 2 3 4 5	1234567	1234567	1234567
0.26	Place padding devices	1 2 3 4 5	1234567	1234567	1234567
0.27	Position patient for surgery	1 2 3 4 5	1234567	1234567	1234567
0.28	Prepare surgical site	1 2 3 4 5	1234567	1234567	1234567
0.29	Clip, shave, and scrub animal	1 2 3 4 5	1234567	1234567	1234567
0.30	Apply antiseptics to animal	1 2 3 4 5	1234567	1234567	1234567
0.31	Position animal for surgery	1 2 3 4 5	1234567	1234567	1234567
0.32	Place preliminary draping for surgery	1 2 3 4 5	1234567	1234567	1234567
0.33	Assist with anesthesia, local and general	1 2 3 4 5	1234567	1234567	1234567
0.34	Monitor anesthesia and anesthetic recovery	1 2 3 4 5	1234567	1234567	1234567
0.35	Help with I.V. therapy during surgery	1 2 3 4 5	1234567	1234567	1234567
0.36	Monitor post-operative recovery	1 2 3 4 5	1234567	1234567	1234567
0.37	Perform post-operative cleanup	1 2 3 4 5	1234567	1234567	1234567
0.38	Return to storage equipment and supplies from surgery	1 2 3 4 5	1234567	1234567	1234567
0.39	Clean and assemble surgical instruments for autoclaving	1 2 3 4 5	1234567	1234567	1234567
0.40	Clean and assemble surgical packs for autoclaving	1 2 3 4 5	1234567	1234567	1234567
0.41	Make minor repairs and adjustments on instruments and equipment	1 2 3 4 5	1234567	1234567	1234567
0.42	Operate EKG	1 2 3 4 5	1234567	1234567	1234567
0.43	Clean and maintain EKG	1 2 3 4 5	1234567	1234567	1234567
0.44	Operate EEG	1 2 3 4 5	1234567	1234567	1234567
0.45	Clean and maintain EEG	1 2 3 4 5	1234567	1234567	1234567
0.46	Take temperatures	1 2 3 4 5	1234567	1234567	1234567
		[illegible] 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequen of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	D. Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
0.47	Take blood pressure	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.48	Take respiration rate	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.49	Obtain urine via catheterization for laboratory examination	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.50	Obtain blood via venapuncture	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.51	Obtain skin scrapings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.52	Obtain feces	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.53	Administer prescribed drugs via usual routes (I.V., S.Q., I.M. topically, per os, etc.)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.54	Recognize conditions that require the feeding of special rations	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.55	Express the urinary bladder	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.56	Administer colonic irrigations	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.57	Treat and bandage wounds under the veterinarian's direction	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.58	Clip, shave and scrub appropriate sites for specific surgical procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.59	Induce and maintain anesthesia	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.60	Monitor pulse during anesthesia	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.61	Monitor respiration during anesthesia	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.62	Monitor reflexes during anesthesia	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.63	Pass tracheal tubes	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.64	Position patient "tie down" for specific surgical procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.65	Insert appropriate catheters in veins	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.66	Insert appropriate catheters in urinary bladder	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.67	Maintain the anesthetic machine and ancillary equipment clean and in good repair	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.68	Maintain cleanliness of the surgical prep area	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.69	Restock all expendable supplies, e.g., chemicals, anesthetics, soaps, sutures, sponges, needles, blades etc.	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
0.70	Set up the appropriate surgical equipment for specific procedures	1 2 3 4 5	1234567	1234567	1234567
0.71	Stock and inventory all drugs and supplies kept in the surgery	1 2 3 4 5	1234567	1234567	1234567
0.72	Circulate in operating room to open packs and extra supplies and instruments during surgery	1 2 3 4 5	1234567	1234567	1234567
0.73	Monitor patients reflexes during surgery	1 2 3 4 5	1234567	1234567	1234567
0.74	Monitor patients pulse during surgery	1 2 3 4 5	1234567	1234567	1234567
0.75	Monitor patients respiration during surgery	1 2 3 4 5	1234567	1234567	1234567
0.76	Monitor patients heart action during surgery	1 2 3 4 5	1234567	1234567	1234567
0.77	Monitor patients capillary fill time during surgery	1 2 3 4 5	1234567	1234567	1234567
0.78	Monitor patients ECG during surgery	1 2 3 4 5	1234567	1234567	1234567
0.79	Catherterize and administer fluids to surgical patients	1 2 3 4 5	1234567	1234567	1234567
0.80	Scrub and gown and act as a surgical nurse	1 2 3 4 5	1234567	1234567	1234567
0.81	Handle materials and instruments during surgery	1 2 3 4 5	1234567	1234567	1234567
0.82	Assist in writing (recording summaries of anesthetics and surgical procedures)	1 2 3 4 5	1234567	1234567	1234567
0.83	Keep surgical area clean	1 2 3 4 5	1234567	1234567	1234567
0.84	Replace bandages	1 2 3 4 5	1234567	1234567	1234567
0.85	Replace splints	1 2 3 4 5	1234567	1234567	1234567
0.86	Administer hydrotherapy	1 2 3 4 5	1234567	1234567	1234567
0.87	Administer physical therapy	1 2 3 4 5	1234567	1234567	1234567
0.88	Administer food via stomach tubes	1 2 3 4 5	1234567	1234567	1234567
0.89	Administer enemas	1 2 3 4 5	1234567	1234567	1234567
0.90	Treat skin problems with all types of dips and ointments	1 2 3 4 5	1234567	1234567	1234567
0.91	Administer drugs as prescribed by veterinarian	1 2 3 4 5	1234567	1234567	1234567
0.92	Observe and record eating habits	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

S[illegible]LUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequen[illegible] of Inade[illegible] Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
0.93	Observe and record temperature	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.94	Observe and record pulse	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.95	Observe and record respiration	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.96	Observe and record state of hydration	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.97	Observe and record defecation	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.98	Observe and record urination	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.99	Observe and record the appearance of or changes in clinical signs	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.00	Observe and record treatments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.01	Report emergency conditions such as (vomitions, hemorrhaging, dyspneas, convulsions, eviscerations, etc.)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.02	Institute first aid procedures in emergency conditions	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.03	Collect samples for clinical pathology (blood, urine, feces, skin scrapings, etc.)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.04	Maintain equipment kept in wards	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.05	Restock all medical supplies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.06	Observe critical and post-operative patients for prescribed periods of time	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.07	Recognize emergency situations and institute appropriate procedures (alert veterinarian, get specific equipment and drugs available for use, etc.)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.08	Greet clients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.09	Obtain weight	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.10	Obtain T.P.R.s	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.11	Apply appropriate restraint to outpatient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.12	Obtain general history	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.13	Make general physical examination	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.14	Assist the veterinarian in the more detailed examination	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.15	Prepare drugs	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance:	Time Required to Train-On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	[illegible]	[illegible]
1.16	Prepare vaccines for use	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.17	Exudates from lesions	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.18	Perform grooming procedures, clip toenails, etc.	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.19	Assist in foot care	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.20	Assist in trimming	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.21	Assist in making proper equipment available at examination and treatment areas	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.22	Assist in moving animals from stalls for examination, treatment and radiology	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.23	Perform injections under supervision	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.24	Obtain blood samples under supervision	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.25	Help in preparing medications for administration and dispensing	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.26	Exercise the animal when indicated	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.27	Apply mouth speculum	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.28	Clean prepuce	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.29	Apply tail wraps	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.30	Prepare animal for rectal examinations	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.31	Prepare reproductive examinations	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.32	Prepare specific fluids, ointments and other medicaments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.33	Maintain drug generic name, trade name, vendor and cost reference file	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.34	Maintain inventory records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.35	Rotate old stock	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.36	Order drugs and restock shelves (some general knowledge of drugs can be arranged according to their pharmacologic activity)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.37	Proper label dating on drugs	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.38	Keep record of expirations dates	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

S[illegible]CLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequ[illegible] of Inade[illegible] Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
1.39	Discard old drugs in appropriate manner (with veterinarian's permission) and restock	1 2 3 4 5	1234567	1234567	1234567
1.40	Operate a colorimeter (Spec 20) in the determination of hemoglobin, protein, blood glucose, BUN, etc.	1 2 3 4 5	1234567	1234567	1234567
1.41	Operate a pH meter	1 2 3 4 5	1234567	1234567	1234567
1.42	Prepare standard solutions based on molar concentrations	1 2 3 4 5	1234567	1234567	1234567
1.43	Prepare standard solutions based on normal concentrations	1 2 3 4 5	1234567	1234567	1234567
1.44	Prepare standard solutions based on per cent concentrations	1 2 3 4 5	1234567	1234567	1234567
1.45	Be able to detect trypsin in feces	1 2 3 4 5	1234567	1234567	1234567
1.46	Be able to quantitate trypsin in feces	1 2 3 4 5	1234567	1234567	1234567
1.47	Be able to detect and quantitate trypsin in liapse and amylase in serum ("dip-stick" type technique)	1 2 3 4 5	1234567	1234567	1234567
1.48	Preparation of blood urine, fecal, exudative and tissue samples for submission to laboratories that utilize complex chemical and/or microbiological techniques	1 2 3 4 5	1234567	1234567	1234567
1.49	Know why, when & how to use anticoagulants. (EDTA, Oxlates, Heparin, etc.)	1 2 3 4 5	1234567	1234567	1234567
1.50	Determine, PCV (Ht) via vicrohematocrit	1 2 3 4 5	1234567	1234567	1234567
1.51	Determine PCV (Ht) via Wintrobe tube methods	1 2 3 4 5	1234567	1234567	1234567
1.52	Be proficient in the use of the hemocytometer for total RBC	1 2 3 4 5	1234567	1234567	1234567
1.53	Determine erythrocyte sedimentation rates	1 2 3 4 5	1234567	1234567	1234567
1.54	Determine hemoglobin concentration with hemoglobinometer	1 2 3 4 5	1234567	1234567	1234567
1.55	Determine hemoglobin concentration colormetrically	1 2 3 4 5	1234567	1234567	1234567
1.56	Recognize abnormal RBS morphology (reticulocytes & nucleated)	1 2 3 4 5	1234567	1234567	1234567
1.57	Prepare (Wrights or Giemsa) slide for differential count	1 2 3 4 5	1234567	1234567	1234567
1.58	Determine WBC count with hemocytometer	1 2 3 4 5	1234567	1234567	1234567
1.59	Determination of bleeding time	1 2 3 4 5	1234567	1234567	1234567
1.60	Determination of coagulation time	1 2 3 4 5	1234567	1234567	1234567
1.61	Determination of prothrombin time	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance	D. [illegible]e Required to Train On The Job.
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
1.62	Determination of clot retraction time	1 2 3 4 5	1234567	1234567	1234567
1.63	Determine platelet counts with hemocytometer	1 2 3 4 5	1234567	1234567	1234567
1.64	Determine RBS count with electronic counting methods	1 2 3 4 5	1234567	1234567	1234567
1.65	Determine serum protein with a refractometer	1 2 3 4 5	1234567	1234567	1234567
1.66	Determine icterus index in serum and plasma	1 2 3 4 5	1234567	1234567	1234567
1.67	Determine gross examination of urine	1 2 3 4 5	1234567	1234567	1234567
1.68	Determine specific gravity on pH of urine	1 2 3 4 5	1234567	1234567	1234567
1.69	Detect protein (dip stick technique)	1 2 3 4 5	1234567	1234567	1234567
1.70	Detect glucose (dip stick technique)	1 2 3 4 5	1234567	1234567	1234567
1.71	Detect ketones (dip stick technique)	1 2 3 4 5	1234567	1234567	1234567
1.72	Detect blood (dip stick techniques)	1 2 3 4 5	1234567	1234567	1234567
1.73	Detect bile pigments (dip stick techniques)	1 2 3 4 5	1234567	1234567	1234567
1.74	Determine microscopic detection of blood cells	1 2 3 4 5	1234567	1234567	1234567
1.75	Determine microscopic detection of casts	1 2 3 4 5	1234567	1234567	1234567
1.76	Determine microscopic detection of epithelial cells	1 2 3 4 5	1234567	1234567	1234567
1.77	Determine microscopic detection of crystals	1 2 3 4 5	1234567	1234567	1234567
1.78	Detect and determine quantity of parasites and/or their eggs in feces via flotation sedimentation procedures	1 2 3 4 5	1234567	1234567	1234567
1.79	Identify mites in skin scrapings	1 2 3 4 5	1234567	1234567	1234567
1.80	Identify lice in skin scrapings	1 2 3 4 5	1234567	1234567	1234567
1.81	Identify ticks in skin scrapings	1 2 3 4 5	1234567	1234567	1234567
1.82	Identify fleas in skin scrapings	1 2 3 4 5	1234567	1234567	1234567
1.83	Detect blood-borne parasites, ex. protozoon, filarial, and larval forms	1 2 3 4 5	1234567	1234567	1234567
1.84	Detect estrus via vaginal smear of bitch	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Veterinary Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequence of Inadequate Performance:	Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little [illegible]	[illegible]	[illegible]
1.85	Examine synovial fluid for inflammatory cells	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.86	Perform semen count	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.87	Conduct pregnancy tests, I.E., immunologic test kit	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.88	Prepare media, reagents & glassware for use in microbiology	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.89	Streak plates with clinical material in a matter to obtain isolated colonies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.90	Make smears	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.91	Prepare Gram stains	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.92	Make subcultures into appropriate media	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.93	Set up and read antibiotic susceptability tests according to Kirby-Bauer method	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.94	Prepare tease preps or slide cultures of fungi submitted for identification	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.95	Decontaminate lab equipment and glassware as needed (with chemicals, heat, etc.)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.96	Perform euthanasia on small animals	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.97	Assist veterinarian in euthanizing large animals	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.98	Perform a complete necropsy on animals	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.99	Locate major displacements of organs prior to their removal and display in an orderly fashion	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.00	Properly prepare tissue specimens for further examination by laboratories	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.01	Record basic descriptions of lesions when these are dictated by a veterinarian	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.02	Know the regulations governing shipment of biological specimens through all regular shipping channels	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

PROJECT H.O.P.E.
Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

OJECT DIRECTOR:
everly Hockenhoff
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

Dear Respondent:

In an effort to meet the ever-lasting demand for qualified Allied Health workers in Indiana, the State Board of Vocational-Technical Education has funded a research effort called Project H.O.P.E., Health Occupational Program Educators. One of the objectives of this project is to gather data in the form of task statement inventories that might be used to develop curriculum for training programs at the secondary and less than baccalaureate post-secondary levels. We urgently need your help in determing the tasks which specific job holders perform.

Enclosed are surveys for jobs we feel appropriate for your facility. Please select person(s) indicated below, to complete the enclosed survey for each of the following job titles:

Medical Services

Medical Transcriber
Medical Stenographer
Medical-Dental Secretary
Medical Librarian Assistant
Medical Records Clerk
Medical Records Technician
Insurance Clerk
Ward-Unit Clerk
Ward Secretary
Medical Assistant

A self-addressed envelope has been enclosed for each person completing a survey. Please have each person complete the survey and return it to:

Mrs. Shirley Smalley
New Castle Area Vocational School
801 Parkview Drive
New Castle, IN 47362

The survey should be returned by March 15, 1977. Thank you for your cooperation.

Sincerely,

Shirley F. Smalley (Mrs.)
Project H.O.P.E.
Principal Investigator

SFS/sa
enclosures

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequ[illegible] of Inade[illegible] Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
0.01	Confirmation of appointment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.02	Interview new patient to complete registration	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.03	Interview patient for insurance	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.04	Complete "multi-purpose" patient visit form	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.05	Escort patient to examination room	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.06	Screen visitors and salesmen requesting to see doctor	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.07	Explain delay to waiting patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.08	Receive calls and answer questions from patients or potential patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.09	Explain doctor's fees to patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.10	Answer letters from patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.11	Maintain personal information card index on each patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.12	Assist patient in planning hospital admission	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.13	Make arrangements for hospital admission of patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.14	Attend meetings and participate in community activities related to doctor's practice	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.15	Open and sort mail	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.16	Answer doctor's routine mail	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.17	Place and answer telephone calls	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.18	Pull and file patient's medical record	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.19	Maintain a record of doctor's absence and how to reach him	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.20	Prepare manually statistical reports for public and private agencies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.21	Receive and organize handling of medication samples	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.22	Prepare and replenish supplies in physician's bag	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.23	Operate one or more office business machines	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ________________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
0.24	Operate telephone switchboard	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.25	Make appointments for new patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.26	Arrange for next appointment before patient leaves office	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.27	Arrange another appointment for patient who cancels one	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.28	Remind patient of his appointment prior to day scheduled	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.29	Contact patients with later appointments to fill in for cancelations	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.30	Cancel appointments for doctor or dentist when necessary and reschedule	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.31	Review scheduled appointments with doctor or dentist	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.32	Note in an appointment book scheduled times when doctor or dentist will be away	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.33	Initiate a medical record file for a patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.34	Follow up on house calls and hospital visits for information needed for office medical record	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.35	Establish control system for location of medical record folders	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.36	Maintain an office procedure manual	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.37	Order supplies and/or medications	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.38	Prepare statistical reports in regard to patient visits and procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.39	Arrange for maintenance and repair of equipment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.40	Maintain a fee schedule for services	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.41	Prepare a budget for income and expenses	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.42	Prepare a financial report of income and expenses	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.43	Arrange meetings with doctor to resolve problems	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.44	Provide proper housekeeping, temperature, and adequate supplies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.45	Arrange for external and internal custodian care of building	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.46	Complete a patient ledger card for new patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

S[illegible]CLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequ[illegible] of Inade[illegible] Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
0.47	Receive and review copy of a multi-purpose patient visit slip after doctor or dentist sees patient	1 2 3 4 5	1234567	1234567	1234567
0.48	Prepare charge slips for service to patient	1 2 3 4 5	1234567	1234567	1234567
0.49	Extract billing information from doctor's and dentist notes	1 2 3 4 5	1234567	1234567	1234567
0.50	Prepare and send information to an outside billing agency	1 2 3 4 5	1234567	1234567	1234567
0.51	Total and reconcile entries made in a record of original entries	1 2 3 4 5	1234567	1234567	1234567
0.52	Record patient charges to an original entry book	1 2 3 4 5	1234567	1234567	1234567
0.53	Post entries from original entry record to patient's ledger card	1 2 3 4 5	1234567	1234567	1234567
0.54	Post totals from original entry record to combines or special journals	1 2 3 4 5	1234567	1234567	1234567
0.55	Record entries for non-practice income and expense in a record of original entries	1 2 3 4 5	1234567	1234567	1234567
0.56	Type an itemized or coded bill and mail to patient	1 2 3 4 5	1234567	1234567	1234567
0.57	Complete indemnity insurance forms for patient to submit his claim	1 2 3 4 5	1234567	1234567	1234567
0.58	Complete insurance forms for filing assigned insurance claims	1 2 3 4 5	1234567	1234567	1234567
0.59	Complete Medicare payment request Form SSA-1490	1 2 3 4 5	1234567	1234567	1234567
0.60	Complete Workmens Compensation Forms	1 2 3 4 5	1234567	1234567	1234567
0.61	Complete Medicaid claims form (MediCal in California)	1 2 3 4 5	1234567	1234567	1234567
0.62	Obtain and record patient billing information for hospital visits by physician	1 2 3 4 5	1234567	1234567	1234567
0.63	Obtain and record billing information for house calls made	1 2 3 4 5	1234567	1234567	1234567
0.64	Post an adjusting entry for difference between payment accepted and the physician's usual fee	1 2 3 4 5	1234567	1234567	1234567
0.65	Collect payments at time of visit and make entry to an orginal record	1 2 3 4 5	1234567	1234567	1234567
0.66	Accept, endorse, and record checks received for payment on account	1 2 3 4 5	1234567	1234567	1234567
0.67	Reconcile cash count and receipts	1 2 3 4 5	1234567	1234567	1234567
0.68	Prepare a bank deposit ticket	1 2 3 4 5	1234567	1234567	1234567
0.69	Make bank deposit	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCHAPTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	D. Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
0.70	Reconcile bank accounts	1 2 3 4 5	1234567	1234567	1234567
0.71	Establish and control petty cash fund	1 2 3 4 5	1234567	1234567	1234567
0.72	Post payment received to patient ledger card	1 2 3 4 5	1234567	1234567	1234567
0.73	Process unredeemed checks returned by bank	1 2 3 4 5	1234567	1234567	1234567
0.74	Assist in formulation of collection policy and selection of a collection agency	1 2 3 4 5	1234567	1234567	1234567
0.75	Make financial arrangements with patient	1 2 3 4 5	1234567	1234567	1234567
0.76	Execute a promissoty note for payment	1 2 3 4 5	1234567	1234567	1234567
0.77	Main statements with collection notices or standard form collection letters	1 2 3 4 5	1234567	1234567	1234567
0.78	Call patient or guarantor in regard to payment of bills	1 2 3 4 5	1234567	1234567	1234567
0.79	Communicate with insurance companies on unpaid claims	1 2 3 4 5	1234567	1234567	1234567
0.80	Complete a creditor's claim form for deceased patients	1 2 3 4 5	1234567	1234567	1234567
0.81	Communicate with attorneys on unpaid accounts in litigation	1 2 3 4 5	1234567	1234567	1234567
0.82	Investigate mail returned because of bad addresses	1 2 3 4 5	1234567	1234567	1234567
0.83	Age and analyze accounts for unusual problems and abnormal trends	1 2 3 4 5	1234567	1234567	1234567
0.84	Complete forms to assign accounts to an outside collection agency	1 2 3 4 5	1234567	1234567	1234567
0.85	Review and evaluate status reports of accounts with a collection agency	1 2 3 4 5	1234567	1234567	1234567
0.86	Refer to doctor, with recommendations, offers to compromise settlement of account	1 2 3 4 5	1234567	1234567	1234567
0.87	Maintain a disbursement record to fit doctor's practice	1 2 3 4 5	1234567	1234567	1234567
0.88	Review invoices for validity and accuracy	1 2 3 4 5	1234567	1234567	1234567
0.89	Prepare checks for doctor's signature	1 2 3 4 5	1234567	1234567	1234567
0.90	Maintain a file of paid and unpaid invoices	1 2 3 4 5	1234567	1234567	1234567
0.91	Approve invoices for payment	1 2 3 4 5	1234567	1234567	1234567
0.92	Enter in a check register payments made to vendors	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

CLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inade[illegible] Performa[illegible] None Very Little Below Average Average Above Average Very Much Extreme	D. Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
0.93	Prepare and maintain employees' payroll records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.94	Review and approve employees' payroll time and salary	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.95	Submit payroll information to an outside payroll service	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.96	Prepare forms to pay employees' and employers' taxes (income & FICA)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.97	Record employees' and employers' taxes to a record of original entry	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.98	Prepare employees' wage and withholding tax statement (Form W-2)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.99	Instruct patient with regard to collection of specimen	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.00	Select proper container to hold specimen and give to patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.01	Receive specimen, record pertinent data on container, and provide proper disposition	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.02	Collect fecal or urine specimens from patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.03	Collect eye, nose, and throat specimens from patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.04	Collect urethral or vaginal specimens from patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.05	Prepare specimens for shipment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.06	Assist with collection of specimens from patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.07	Send specimen(s) to laboratory	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.08	Record color, gross appearance, and odor or urine specimen	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.09	Centrifuge sample of the urine specimen	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.10	Perform bio-chemical tests (e.g., glucose, protein, etc.) using paper strips or tablet	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.11	Perform bile tests (simple tablet method)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.12	Perform urine specific gravity tests	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.13	Examine urine specimens microscopically	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.14	Obtain blood specimen from capillary (finger, etc.)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.15	Obtain blood specimen from vein	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBC TER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement: None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	D. Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
1.16	Prepare and stain blood smears	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.17	Perform differential cell count (Diff)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.18	Calculate erthrocyte indices	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.19	Perform hemoglobin test and/or hematocrit reading	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.20	Perform red blood cell count	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.21	Perform erythrocyte sedimentation rate	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.22	Perform white blood cell count	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.23	Operate automatic cell counter	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.24	Operate colorimeter	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.25	Operate hemoglobinometer	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.26	Operate microhematicri reader	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.27	Operate manual cell counting equipment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.28	Prepare culture media	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.29	Inoculate specimen in culture media	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.30	Prepare wet mounds	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.31	Examine stained specimens microscopically	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.32	Stain microbial specimens	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.33	Assist in obtaining smears	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.34	Assist in obtaining tissue specimens	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.35	Remove contaminated material and instruments from treatment room to work areas	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.36	Prepare equipment, instruments and material for sterilization	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.37	Check instruments or equipment for working condition prior to sterilization	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.38	Determine and seperate by method of sterilization	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement: None, Assist, Do, Do & Supervise, Supervise	B. Time Spent: Very Little, Below Average, Slightly Below Average, Average, Slightly Above Average, Above Average, Very Much	C. Consequence of Inadequate Performance: None, Very Little, Below Average, Average, Above Average, Very Much, Extreme	D. Time Required to Train On The Job: None, Very Short, Below Average, Average, Above Average, Very Long, Extensive
1.39	Wrap instruments for sterilization	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.40	Wrap towels and dressings for sterilization	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.41	Clean sterilizing equipment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.42	Sterilize equipment, instruments, and material	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.43	Use sterilization color indicators to test sterilizers	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.44	Store sterilized material	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.45	Handle and store sterilized material to prevent contamination	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.46	Prepare and test EKG machine for proper and safe working condition	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.47	Prepare, instruct and assist patient for EKG	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.48	Assist physician during EKG test	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.49	Monitor EKG graph for abnormal or erratic tracings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.50	Mount EKG graph on card	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.51	Clean and maintain EKG equipment after test	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.52	Operate EKG machine	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.53	Prepare patient for radiographic position	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.54	Take X-ray pictures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.55	Develop X-ray pictures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.56	File and index X-ray films of patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.57	Prepare necessary equipment and supplies for doctor-dentist and patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.58	Receive patient and explain nature of examination and what may be expected	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.59	Instruct patient in regard to disrobing and examing position	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.60	Drape patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.61	Take and record patient's temperature by oral method	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCL TER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None / Assist / Do / Do & Supervise / Supervise	B. Time Spent Very Little / Below Average / Slightly Below Average / Average / Slightly Above Average / Above Average / Very Much	C. Consequences of Inadequate Performance: None / Very Little / Below Average / Average / Above Average / Very Much / Extreme	Time Required to Train On The Job None / Very Short / Below Average / Average / Above Average / Very Long / Extensive
1.62	Take and record patient's temperature by rectal method	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.63	Take and record patient's height and weight	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.64	Take and record patient's pulse rate	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.65	Take and record patient's respiratory rate	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.66	Take and record patient's blood pressure	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.67	Prepare an injection tray	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.68	Prepare a tray for routine physical examination and/or special procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.69	Prepare a tray for dressing change	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.70	Prepare a catheterization tray	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.71	Prepare a tray to perform a biopsy	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.72	Assist with minor surgery	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.73	Maintain adequate supplies in examination and treatment room	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.74	Dispense medication ordered by doctor or dentist	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.75	Give instructions to patient regarding medication	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.76	Review and confirm doctor's orders to administer an injection	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.77	Prepare medication and supplies for injections	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.78	Check syringe to see that air bubbles have been ejected	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.79	Prepare patient for injection	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.80	Give patient's injection	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.81	Administer manual massage	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.82	Help the patient in doing simple physical exercises	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.83	Administer hydrotherapy treatment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.84	Administer heat treatment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

CLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement: None, Assist, Do, Do & Supervise, Supervise	B. Time Spent: Very Little, Below Average, Slightly Below Average, Average, Slightly Above Average, Above Average, Very Much	C. Consequence of Inadequate Performance: None, Very Little, Below Average, Average, Above Average, Very Much, Extreme	D. Time Required to Train On The Job: None, Very Short, Below Average, Average, Above Average, Very Long, Extensive
1.85	Administer electrotherapy treatment	1 2 3 4 5	1234567	1234567	1234567
1.86	Administer light treatment	1 2 3 4 5	1234567	1234567	1234567
1.87	Administer ultrasonic therapy machine	1 2 3 4 5	1234567	1234567	1234567
1.88	Seek help from qualified nurse or physician at once	1 2 3 4 5	1234567	1234567	1234567
1.89	Describe the nature of patient's illness or injury	1 2 3 4 5	1234567	1234567	1234567
1.90	Take immediate measures to stop bleeding	1 2 3 4 5	1234567	1234567	1234567
1.91	Administer oxygen to patient	1 2 3 4 5	1234567	1234567	1234567
1.92	Position patient in safe and comfortable position	1 2 3 4 5	1234567	1234567	1234567
1.93	Apply proper bandage	1 2 3 4 5	1234567	1234567	1234567
1.94	Assist physician in performing visual acuity tests	1 2 3 4 5	1234567	1234567	1234567
1.95	Assist physician in performing hearing acuity tests	1 2 3 4 5	1234567	1234567	1234567
1.96	Give tests for color blindness	1 2 3 4 5	1234567	1234567	1234567
1.97	Assist physician in performing scratch test	1 2 3 4 5	1234567	1234567	1234567
1.98	Assist physician in performing patch test	1 2 3 4 5	1234567	1234567	1234567
1.99	Explain gynecological procedures to patients	1 2 3 4 5	1234567	1234567	1234567
2.00	Assist physician in performing a cervical cauterization	1 2 3 4 5	1234567	1234567	1234567
2.01	Give instructions to maternity patients	1 2 3 4 5	1234567	1234567	1234567
2.02	Prepare necessary ingredients for cast	1 2 3 4 5	1234567	1234567	1234567
2.03	Assist physician in application of cast	1 2 3 4 5	1234567	1234567	1234567
2.04	Prepare operating room for minor surgery	1 2 3 4 5	1234567	1234567	1234567
2.05	Prepare patient for minor surgery	1 2 3 4 5	1234567	1234567	1234567
2.06	Prepare surgical trays and dressings for minor surgery	1 2 3 4 5	1234567	1234567	1234567
2.07	Select records for review according to established criteria	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBC[illegible]TER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None / Assist / Do / Do & Supervise / Supervise	B. Time Spent Very Little / Below Average / Slightly Below Average / Average / Slightly Above Average / Above Average / Very Much	C. Consequences of Inadequate Performance: None / Very Little / Below Average / Average / Above Average / Very Much / Extreme	D. Time Required to Train On The Job None / Very Short / Below Average / Average / Above Average / Very Long / Extensive
2.08	Sort records by committee responsibility	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.09	Prepare medical staff committee meeting minutes	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.10	Follow up on committees' directions, e.g., route charts to physicians or committees	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.11	Write hospital committee meeting minutes	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.12	Schedule meetings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.13	Take or transcribe minutes of meetings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.14	Prepare agendas for meetings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.15	Maintain staff credentials files	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.16	Transcribe letters regarding house staff or attending staff appointments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.17	Maintain residents' procedure files	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.18	Prepare reports	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.19	Disseminate information on policies established at meetings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.20	Publicize meetings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.21	Operate audiovisual equipment for meetings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.22	Maintain manually disease and operations indexes	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.23	Maintain manually Physicians' index	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.24	Maintain manually Surgeons' index	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.25	Prepare daily census	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.26	Prepare period census report	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.27	Prepare manually statistical reports for administration	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.28	Prepare manually statistical reports for other departments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.29	Prepare manually statistical reports for medical staff	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.30	Maintain manually tumor registry	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
2.31	Prepare manually admission and discharge statistics from census sheet	1 2 3 4 5	1234567	1234567	1234567
2.32	Prepare manually discharge statistics showing average length of stay by disease classification	1 2 3 4 5	1234567	1234567	1234567
2.33	Prepare manually statistics concerning CCU, ICU, from census sheet	1 2 3 4 5	1234567	1234567	1234567
2.34	Prepare manually patient statistics for analysis	1 2 3 4 5	1234567	1234567	1234567
2.35	Check record for deficiencies	1 2 3 4 5	1234567	1234567	1234567
2.36	Prepare deficiency check-off list	1 2 3 4 5	1234567	1234567	1234567
2.37	Abstract information from record onto data-processing source document	1 2 3 4 5	1234567	1234567	1234567
2.38	Transcribe from shorthand notes	1 2 3 4 5	1234567	1234567	1234567
2.39	Transcribe using magnetic tape selector typewriter	1 2 3 4 5	1234567	1234567	1234567
2.40	Transcribe histories and physicals	1 2 3 4 5	1234567	1234567	1234567
2.41	Transcribe consultation and discharge summaries	1 2 3 4 5	1234567	1234567	1234567
2.42	Transcribe operative reports	1 2 3 4 5	1234567	1234567	1234567
2.43	Transcribe medical correspondence	1 2 3 4 5	1234567	1234567	1234567
2.44	Transcribe ancillary departmental reports, e.g. X-ray, Pathology, etc.	1 2 3 4 5	1234567	1234567	1234567
2.45	Maintain daily production record	1 2 3 4 5	1234567	1234567	1234567
2.46	Perform filing, mailing and charting functions	1 2 3 4 5	1234567	1234567	1234567
2.47	Upon receipt of admission order, secure admission information	1 2 3 4 5	1234567	1234567	1234567
2.48	Verify insurance information	1 2 3 4 5	1234567	1234567	1234567
2.49	Verify credit rating to determine deposit procedure	1 2 3 4 5	1234567	1234567	1234567
2.50	If a readmission, secure old patient folder from Medical Records Department	1 2 3 4 5	1234567	1234567	1234567
2.51	Follow pre-admission policy	1 2 3 4 5	1234567	1234567	1234567
2.52	Determine room assignment	1 2 3 4 5	1234567	1234567	1234567
2.53	Assign admission number to patient	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance:	Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
2.54	Prepare admission packet	1 2 3 4 5	1234567	1234567	1234567
2.55	Sort admission information to be distributed to appropriate departments	1 2 3 4 5	1234567	1234567	1234567
2.56	Distribute admission information to appropriate department	1 2 3 4 5	1234567	1234567	1234567
2.57	Determine estimated length of stay, using the Patient and Disease Index	1 2 3 4 5	1234567	1234567	1234567
2.58	If readmission, request old chart from Medical Records	1 2 3 4 5	1234567	1234567	1234567
2.59	Check current in-patient records for completion	1 2 3 4 5	1234567	1234567	1234567
2.60	Record data on patient's charts, e.g., TPR, etc.	1 2 3 4 5	1234567	1234567	1234567
2.61	Add new sheets to charts as necessary	1 2 3 4 5	1234567	1234567	1234567
2.62	Place laboratory slips in proper place on laboratory sheet	1 2 3 4 5	1234567	1234567	1234567
2.63	Prepare admission charts	1 2 3 4 5	1234567	1234567	1234567
2.64	Prepare chart to accompany patient upon transfer	1 2 3 4 5	1234567	1234567	1234567
2.65	Notify Admission, Business Office, and Medical Records of pending discharges	1 2 3 4 5	1234567	1234567	1234567
2.66	Arrange chart in approved sequence after discharge	1 2 3 4 5	1234567	1234567	1234567
2.67	Insure that chart and allied materials are forwarded to Medical Records	1 2 3 4 5	1234567	1234567	1234567
2.68	File using straight numerical system	1 2 3 4 5	1234567	1234567	1234567
2.69	File using terminal digit system	1 2 3 4 5	1234567	1234567	1234567
2.70	File using alphabetical system	1 2 3 4 5	1234567	1234567	1234567
2.71	File original record of individual patient in commercial facility	1 2 3 4 5	1234567	1234567	1234567
2.72	File items into individual patient record	1 2 3 4 5	1234567	1234567	1234567
2.73	Maintain activity record	1 2 3 4 5	1234567	1234567	1234567
2.74	File index cards phonetically	1 2 3 4 5	1234567	1234567	1234567
2.75	File index cards alphabetically	1 2 3 4 5	1234567	1234567	1234567
2.76	File index cards chronologically	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

S CLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequ of Inade Performance: None Very Little Below Average Average Above Average Very Much Extreme	D. Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
2.77	File index cards by color code	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.78	File index cards straight numerically	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.79	File index cards by marginal punch	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.80	File correspondence and reports	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.81	File microfilmed rolls or individual cards	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.82	File EDP Stored materials	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.83	Type general correspondence	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.84	Handle and distribute mail and correspondence (both incoming and out-going)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.85	File correspondence and memoranda	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.86	Type personnel actions for staff	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.87	Handle and dispatch time cards to payroll	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.88	Prepare or type requests for vacation or pay for sick leave	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.89	Order office supplies, equipment, and Medical Records Materials	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.90	Maintain inventory lists for equipment and furniture accountability	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.91	Type requisitions	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.92	Maintain staff work schedules	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.93	Provide security for Medical Records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.94	Handle subcriptions for internal publications for Medical Records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.95	Route brochures to medical staff library chairman	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.96	Order texts and journals library committee desires	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.97	Send journals to be bound	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.98	Maintain circulation record and follow up	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.99	Answer and request inter-library loans	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance:	D. Time Required to [illegible]in On The Jo
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
3.00	Provide reference service	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.01	Photocopy	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.02	Maintain unit census record	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.03	Maintain list of new admissions, transfers and discharges	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.04	Maintain check-in and check-out sheet for location of patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.05	Maintain food tray service check list	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.06	Provide information to appropriate departments about "critical" patients	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.07	Write in headings on appropriate forms	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.08	Stamp patient forms with imprinter	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.09	Keep files in order	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.10	Label trays, equipment cupboards	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.11	Prepare patient charge forms	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.12	Transcribe doctors' orders onto appropriate records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.13	Sign for packages and flowers	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.14	Duplicate forms as needed (photocopy)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.15	Report and record lost and found articles	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.16	Maintain call roster of doctors	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.17	Maintain log of long distance phone calls	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.18	Maintain continuing file of information for annual reports	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.19	Obtain consent signatures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.20	Claim library books from patients upon discharge	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.21	Deliver mail	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.22	Maintain supply of stationery and writing materials	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

S[illegible]LUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequen[illegible] of Inadeq[illegible] Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
3.23	Clean up around nurses' station	1 2 3 4 5	1234567	1234567	1234567
3.24	Maintain and file unit correspondence and directives	1 2 3 4 5	1234567	1234567	1234567
3.25	Receive and deliver telephone messages to unit personnel	1 2 3 4 5	1234567	1234567	1234567
3.26	Inform patients of calls received	1 2 3 4 5	1234567	1234567	1234567
3.27	Page doctors and other hospital personnel	1 2 3 4 5	1234567	1234567	1234567
3.28	Answer the intercom and relay messages to unit personnel	1 2 3 4 5	1234567	1234567	1234567
3.29	Announce the close of visiting hours	1 2 3 4 5	1234567	1234567	1234567
3.30	Operate pneumatic tube	1 2 3 4 5	1234567	1234567	1234567
3.31	Operate dumbwaiter and transveyor	1 2 3 4 5	1234567	1234567	1234567
3.32	Question physicians about patients	1 2 3 4 5	1234567	1234567	1234567
3.33	Answer questions asked by unit personnel	1 2 3 4 5	1234567	1234567	1234567
3.34	Relay information about activities	1 2 3 4 5	1234567	1234567	1234567
3.35	Inform visitors of hospital rules	1 2 3 4 5	1234567	1234567	1234567
3.36	Direct visitors to appropriate rooms	1 2 3 4 5	1234567	1234567	1234567
3.37	Locate doctors or nurses as requested by visitors	1 2 3 4 5	1234567	1234567	1234567
3.38	Requisition meals and nourishment from Dietary	1 2 3 4 5	1234567	1234567	1234567
3.39	Requisition laboratory services	1 2 3 4 5	1234567	1234567	1234567
3.40	Requisition services from Pharmacy	1 2 3 4 5	1234567	1234567	1234567
3.41	Requisition the services of Housekeeping	1 2 3 4 5	1234567	1234567	1234567
3.42	Requisition services from laundry	1 2 3 4 5	1234567	1234567	1234567
3.43	Request equipment from Central Supply	1 2 3 4 5	1234567	1234567	1234567
3.44	Give information to other departments	1 2 3 4 5	1234567	1234567	1234567
3.45	Communicate with government agencies	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUS : Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance	D. Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
3.46	Maintain unit reading materials	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.47	Distribute reports, manuals, and directives	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.48	Run errands to other departments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.49	Greet and welcome new patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.50	Notify appropriate unit personnel upon admission of new patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.51	Make bed assignment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.52	Make patient identification tags	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.53	Inform patient of hospital procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.54	Receive and store patient's valuables	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.55	Orient patient to his room and roommates	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.56	Record admission of new patient on appropriate unit records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.57	Requisition physician consultations at doctor's request	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.58	Collect and forward transfer patient's medical records to receiving unit	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.59	Record patient transfer on appropriate unit records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.60	Alert receiving unit to be sure a bed is ready for a transfer patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.61	Receive transfer patient coming from another unit	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.62	Receive notification of discharge order	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.63	Notify appropriate departments of patient discharge	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.64	Arrange transportation or escort service for patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.65	Inform patient of discharge procedure and other pertinent information	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.66	Return patient's valuables upon discharge	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.67	Make record of unused medications upon discharge of patient	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
3.68	Collect and forward patients prescription drugs to pharmacy	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
3.69	Give patient his prescriptions and drugs upon discharge	1 2 3 4 5	1234567	1234567	1234567
3.70	Note discharge on appropriate unit records	1 2 3 4 5	1234567	1234567	1234567
3.71	Send patient's charts and forms to Medical Records Department upon discharge	1 2 3 4 5	1234567	1234567	1234567
3.72	Notify patient's family of discharge	1 2 3 4 5	1234567	1234567	1234567
3.73	Locate and inform the patient's physician of patient's death	1 2 3 4 5	1234567	1234567	1234567
3.74	Inform patient's family of patient's death	1 2 3 4 5	1234567	1234567	1234567
3.75	Notify appropriate departments, such as Admitting and Business, of patient's death	1 2 3 4 5	1234567	1234567	1234567
3.76	Obtain autopsy and consent forms	1 2 3 4 5	1234567	1234567	1234567
3.77	Obtain a death certificate	1 2 3 4 5	1234567	1234567	1234567
3.78	Requisition a shroud pack	1 2 3 4 5	1234567	1234567	1234567
3.79	Collect and identify patient's belongings upon patient's death	1 2 3 4 5	1234567	1234567	1234567
3.80	Record patient's death on appropriate records	1 2 3 4 5	1234567	1234567	1234567
3.81	Meet and escort funeral director	1 2 3 4 5	1234567	1234567	1234567
3.82	Contact attorney, barber, insurance agent, religious personnel, etc. on behalf of patient, as requested	1 2 3 4 5	1234567	1234567	1234567
3.83	Obtain television set, reading materials, cigarettes, and other comforts for patient	1 2 3 4 5	1234567	1234567	1234567
3.84	Contact billing office on behalf of patient	1 2 3 4 5	1234567	1234567	1234567
3.85	Distribute patient menus	1 2 3 4 5	1234567	1234567	1234567
3.86	Go on daily rounds	1 2 3 4 5	1234567	1234567	1234567
3.87	Control boisterous patient and/or visitors	1 2 3 4 5	1234567	1234567	1234567
3.88	Conduct regular fire and disaster drills	1 2 3 4 5	1234567	1234567	1234567
3.89	Check availability of fire control equipment	1 2 3 4 5	1234567	1234567	1234567
3.90	Fill out accident reports	1 2 3 4 5	1234567	1234567	1234567
3.91	Conduct safety inspection	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Medical Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	D[illegible]me Required t [illegible]rain On The J None Very Short Below Average Average Above Average Very Long Extensive
3.92	Inspect cleanliness and sanitation of the unit	1 2 3 4 5	1234567	1234567	1234567
3.93	Investigate loss and damage claims	1 2 3 4 5	1234567	1234567	1234567
3.94	Participate in emergency mobilization of unit personnel	1 2 3 4 5	1234567	1234567	1234567
3.95	Specify the type of equipment and supplies needed on the unit	1 2 3 4 5	1234567	1234567	1234567
3.96	Establish standard quantities of supplies	1 2 3 4 5	1234567	1234567	1234567
3.97	Evaluate and approve requisitions for supplies and equipment	1 2 3 4 5	1234567	1234567	1234567
3.98	Check receipt of new supplies and equipment	1 2 3 4 5	1234567	1234567	1234567
3.99	Assign and list location of supplies and equipment	1 2 3 4 5	1234567	1234567	1234567
4.00	Place supplies and equipment in assigned positions	1 2 3 4 5	1234567	1234567	1234567
4.01	Maintain inventory of supplies and equipment	1 2 3 4 5	1234567	1234567	1234567
4.02	Maintain record of equipment loaned to or borrowed from other areas	1 2 3 4 5	1234567	1234567	1234567
4.03	Maintain linen supplies	1 2 3 4 5	1234567	1234567	1234567
4.04	Maintain a doctor's drawer (for medical supplies)	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

PROJECT H.O.P.E.

Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

ECT DIRECTOR:
erly Haskenhoff
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

Dear Respondent:

In an effort to meet the ever-increasing demand for qualified Allied Health workers in Indiana, the State Board of Vocational-Technical Education has funded a research effort called Project H.O.P.E., Health Occupational Program Educators. One of the objectives of this project is to gather data in the form of task statement inventories that might be used to develop curriculum for training programs at the secondary and less than baccalaureate post-secondary levels. We urgently need your help in determing the tasks which specific job holders perform.

Enclosed are surveys for jobs we feel appropriate for your facility. Please select person(s) indicated below, to complete the enclosed survey for each of the following job titles:

Dental Services

Dental Assistant
Oral Surgery Dental Assistant
Orthodontic Dental Assistant
Pedadontic Dental Assistant
Endodontic Dental Assistant
Expanded Duties Dental Assistant
Dental Receptionist
Dental Laboratory Technician

A self-addressed envelope has been enclosed for each person completing a survey. Please have each person complete the survey and return it to:

Mrs. Shirley Smalley
New Castle Area Vocational School
801 Parkview Drive
New Castle, IN 47362

The survey should be returned by March 15, 1977. Thank you for your cooperation.

Sincerely,

Shirley F. Smalley (Mrs.)
Project H.O.P.E.
Principal Investigator

SFS/sa
enclosures

SUBCLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement					B. Time Spent							C. Conseque of Inadequate Performance:							D. Time Required t Train On The J						
		None	Assist	Do	Do & Supervise	Supervise	Very Little	Below Average	Slightly Below Average	Average	Slightly Above Average	Above Average	Very Much	None	Very Little	Below Average	Average	Above Average	Very Much	Extreme	None	Very Short	Below Average	Average	Above Average	Very Long	Extensive
0.01	Supervise subordinates in operating dental x-ray equipment	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.02	Adjust voltage, amperage, and timer of x-ray machine	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.03	Apply paralleling (long cone) procedures for peri-apical radiographic survey	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.04	Apply bixecting angle (shore cone) procedures for peri-apical radiographic survey	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.05	Evaluate dental radiographs for diagnostic quality	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.06	Develop and fix exposed radiographic film	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.07	Maintain unexposed radiographic film storage	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.08	Mix solutions for developing and fixing radiographic film	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.09	Apply extraoral radiographic procedures	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.10	Apply bite-wing radiographic procedures	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.11	Apply occlusal radiographic procedures	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.12	Practice patient and operator safety measures for x-radiation	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.13	Apply panoramic radiographic procedures	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.14	Mount dental radiographs	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.15	Label dental radiographs	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.16	Clean x-ray processing equipment	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.17	Position patient for radiographic examination	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.18	Select film size appropriate for patient's mouth and indicate technique	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.19	Select accessories for radiographic (x-ray) technique	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.20	File dental radiographs	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.21	Receive and place telephone calls	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.22	Receive and dismiss patients and visitors	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
0.23	Maintain accurate patient dental records	1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
		1	2	3	4	5	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7

SUBCLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	D. [illegible] Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
0.24	Issue receipts	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.25	Make ledger entries	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.26	Verify invoices	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.27	Write checks and maintain balance	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.28	Maintain state and federal tax information	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.29	Maintain petty cash accounts	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.30	Maintain appointment control	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.31	Maintain an active recall system	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.32	Prepare correspondence	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.33	Prepare bank deposits	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.34	Reconcile bank statement	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.35	Complete dental insurance forms	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.36	Arrange financial agreements	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.37	File business and patient records	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.38	Prepare statements	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.39	Sort incoming mail	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.40	Perform housekeeping duties	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.41	Order supplies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.42	Maintain and rotate inventory	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.43	Prepare tax forms	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.44	Collect fees for dental services	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.45	Assemble patient records for treatment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.46	Stabilize patient's mandible during operation	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUB[illegible]STER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	D. Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
0.47	Seat and dismiss patient from chair	1 2 3 4 5	1234567	1234567	1234567
0.48	Apply coagulants or administer hemostatics	1 2 3 4 5	1234567	1234567	1234567
0.49	Apply water to tooth during cavity preparation	1 2 3 4 5	1234567	1234567	1234567
0.50	Cut suture material after tying by the dentist	1 2 3 4 5	1234567	1234567	1234567
0.51	Explain postoperative instructions to patient	1 2 3 4 5	1234567	1234567	1234567
0.52	Deliver and receive instruments at chairside	1 2 3 4 5	1234567	1234567	1234567
0.53	Heat or prepare gutta percha for temporary stopping	1 2 3 4 5	1234567	1234567	1234567
0.54	Insert or remove cotton rolls	1 2 3 4 5	1234567	1234567	1234567
0.55	Irrigate oral cavity for rinsing	1 2 3 4 5	1234567	1234567	1234567
0.56	Make proper disposition and distribution of medical or dental records	1 2 3 4 5	1234567	1234567	1234567
0.57	Aspirate during oral surgery	1 2 3 4 5	1234567	1234567	1234567
0.58	Apply air to keep cavity preparation dry	1 2 3 4 5	1234567	1234567	1234567
0.59	Evacuate oral cavity during restorative procedure	1 2 3 4 5	1234567	1234567	1234567
0.60	Take impressions for study models	1 2 3 4 5	1234567	1234567	1234567
0.61	Hold impression in mouth after dentist places impression tray	1 2 3 4 5	1234567	1234567	1234567
0.62	Remove impressions from patient's mouth	1 2 3 4 5	1234567	1234567	1234567
0.63	Apply topical anesthetics	1 2 3 4 5	1234567	1234567	1234567
0.64	Identify various types of dental instruments	1 2 3 4 5	1234567	1234567	1234567
0.65	Recognize various types of dental equipment	1 2 3 4 5	1234567	1234567	1234567
0.66	Care for various pieces of dental equipment	1 2 3 4 5	1234567	1234567	1234567
0.67	Prepare instruments for and operate autoclave	1 2 3 4 5	1234567	1234567	1234567
0.68	Prepare instruments for and operate dry-heat sterilizer	1 2 3 4 5	1234567	1234567	1234567
0.69	Retract oral tissues in surgical procedures	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLU[illegible]R: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance:	D. Time Required to [illegible]in On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
0.70	Retract patient's cheek, lips and tongue	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.71	Prepare set-up for local anesthetic injection	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.72	Assist with the administration of local anesthetics	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.73	Assist with rubber dam application and removal	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.74	Place rubber dam	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.75	Remove rubber dam	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.76	Assist with amalgam restorations	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.77	Triturate amalgam-alloy	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.78	Load carrier and place amalgam in cavity preparation	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.79	Prepare setup for gold foil restoration	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.80	Anneal gold foil	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.81	Place gold foil as directed by operator	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.82	Prepare setup for endodontics (root canal therapy)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.83	Prepare setup for prophylaxis (cleaning)	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.84	Prepare setup for fluoride treatment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.85	Prepare setup for prosthetics	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
C.86	Prepare setup for periodontal treatments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.87	Prepare tray setup for Orthodontic treatments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.88	Assist with First Aid procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.89	Clean operatories and equipment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.90	Prepare dental materials for placement	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.91	Prepare non-carpule hypodermic for injection of medications	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
0.92	Examine and sharpen instruments as required	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

S CLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequ of Inade Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
0.93	Cut and remove sutures post-operatively	1 2 3 4 5	1234567	1234567	1234567
0.94	Apply hand mallet in surgical procedures	1 2 3 4 5	1234567	1234567	1234567
0.95	Hand triturate amalgam	1 2 3 4 5	1234567	1234567	1234567
0.96	Change engine belt on low speed engine	1 2 3 4 5	1234567	1234567	1234567
0.97	Preserve and incubate bacterial cultures	1 2 3 4 5	1234567	1234567	1234567
0.98	Receive from dentist and preserve biopsy specimens	1 2 3 4 5	1234567	1234567	1234567
0.99	Assist dentist in hospital oral surgical procedures	1 2 3 4 5	1234567	1234567	1234567
1.00	Dispense medications when ordered by dentist	1 2 3 4 5	1234567	1234567	1234567
1.01	Prepare hydrocolloid for impression	1 2 3 4 5	1234567	1234567	1234567
1.02	Prepare rubber base material for impression	1 2 3 4 5	1234567	1234567	1234567
1.03	Prepare compound for impression	1 2 3 4 5	1234567	1234567	1234567
1.04	Prepare alginate for impression by dentist	1 2 3 4 5	1234567	1234567	1234567
1.05	Fill alginate tray	1 2 3 4 5	1234567	1234567	1234567
1.06	Prepare zinc phospate cement for protective base	1 2 3 4 5	1234567	1234567	1234567
1.07	Prepare silicate for restoration	1 2 3 4 5	1234567	1234567	1234567
1.08	Prepare acrylic for restoration	1 2 3 4 5	1234567	1234567	1234567
1.09	Place periodontal surgical pack	1 2 3 4 5	1234567	1234567	1234567
1.10	Remove periodontal surgical pack	1 2 3 4 5	1234567	1234567	1234567
1.11	Remove medication (dry socket)	1 2 3 4 5	1234567	1234567	1234567
1.12	Place matrix for amalgam restorative	1 2 3 4 5	1234567	1234567	1234567
1.13	Place temporary cement	1 2 3 4 5	1234567	1234567	1234567
1.14	Condense amalgam restoration	1 2 3 4 5	1234567	1234567	1234567
1.15	Carve amalgam restoration	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequences of Inadequate Performance:	D. [illegible] Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
1.16	Remove excess cement from crowns of the teeth	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.17	Record oral conditions as directed by dentist	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.18	Instruct patient in Oral Hygiene	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.19	Hand mallet gold foil	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.20	Prepare and chemically disinfect instruments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.21	Assist dentist in hospital operative procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.22	Assist with gold foil restoration	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.23	Maintain chain of antisepsis	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.24	Greet patient and escort to dental hygiene operatory	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.25	Position patient and operator	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.26	Remove plaque and stain and polish teeth	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.27	Clean interproximal surfaces of teeth with dental floss or tape	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.28	Apply disclosing solutions to the teeth to identify bacterial plaque	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.29	Apply fluoride to teeth with isolated cotton rolls	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.30	Apply fluoride to teeth using the tray technique	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.31	Apply fluoride using ionizing devices	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.32	Identify abnormalities in soft tissues of the mouth	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.33	Perform dental charting	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.34	Identify deviate swallowing patterns	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.35	Perform periodontal charting	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.36	Identify extra-oral habits affecting occlusion	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.37	Locate and assess the amount of stains and deposits	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.38	Evaluate dietary habits and instruct patient on proper nutrition	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SU USTER: Dental Services

• CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequen of Inadeq Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
1.39	Select appropriate home care techniques for each patient	1 2 3 4 5	1234567	1234567	1234567
1.40	Give home care instruction	1 2 3 4 5	1234567	1234567	1234567
1.41	Use ultrasonic devices to remove calculus	1 2 3 4 5	1234567	1234567	1234567
1.42	Remove subgingival calculus	1 2 3 4 5	1234567	1234567	1234567
1.43	Remove supragingival calculus	1 2 3 4 5	1234567	1234567	1234567
1.44	Polish finished restorations	1 2 3 4 5	1234567	1234567	1234567
1.45	Take and record patient's medical and dental history	1 2 3 4 5	1234567	1234567	1234567
1.46	Recognize conditions indicated in history that require alteration in procedures	1 2 3 4 5	1234567	1234567	1234567
1.47	Administer anesthetics (topical)	1 2 3 4 5	1234567	1234567	1234567
1.48	Administer anesthetics (local injection)	1 2 3 4 5	1234567	1234567	1234567
1.49	Apply topical medications	1 2 3 4 5	1234567	1234567	1234567
1.50	Prepare surgical periodontal packs	1 2 3 4 5	1234567	1234567	1234567
1.51	Apply surgical periodontal packs	1 2 3 4 5	1234567	1234567	1234567
1.52	Remove surgical periodontal packs	1 2 3 4 5	1234567	1234567	1234567
1.53	Remove sutures	1 2 3 4 5	1234567	1234567	1234567
1.54	Remove and insert temporary fillings	1 2 3 4 5	1234567	1234567	1234567
1.55	Remove overhanging margins of fillings	1 2 3 4 5	1234567	1234567	1234567
1.56	Smooth enamel fractures	1 2 3 4 5	1234567	1234567	1234567
1.57	Maintain chain of antisepsis	1 2 3 4 5	1234567	1234567	1234567
1.58	Sharpen instruments	1 2 3 4 5	1234567	1234567	1234567
1.59	Plan sequence of procedures for appointment or series of appointments	1 2 3 4 5	1234567	1234567	1234567
1.60	Desensitize hypersensitive teeth	1 2 3 4 5	1234567	1234567	1234567
1.61	Give oral habit therapy	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUBCLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	ne Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
1.62	Give physiotherapy instruction for tempromandibular joint difficulty	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.63	Perform bedside oral prophylaxis	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.64	Take and prepare oral cytologic smears	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.65	Clean and polish removable appliances	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.66	Perform root planning procedures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.67	Perform soft tissue curettage	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.68	Supervise other dental auxiliaries in routine dental tasks	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.69	Store and inventory precious metals	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.70	Maintain dental laboratory equipment	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.71	Fabricate temporary removable bite raisers	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.72	Fabricate cleft palate obturators	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.73	Fabricate removable expansion appliances	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.74	Fabricate face masks for before and after presentation of special cases	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.75	Fabricate mouth guards	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.76	Fabricate splints for immobilization of fractures of maxilla and mandible	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.77	Fabricate temporary removable partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.78	Pour casts of orthodontic deformities	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.79	Fabricate orthodontic space maintainers or retainers	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.80	Cast gold crown, inlay or pontic backing	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.81	Pour, trim, and articulate casts	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.82	Fabricate broken stress or precision attachment bridges	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.83	Fabricate copings	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.84	Fabricate acrylic resin jacket crowns and pontics	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequence of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	D. Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
1.85	Fabricate amalgam dies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.86	Fabricate baked porcelain-to-gold restorations	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.87	Fabricate electroformed dies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.88	Fabricate stone dies	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.89	Finish and polish gold alloy inlays crowns or fixed partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.90	Fabricate ceramic porcelain jackets	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.91	Flask, pack, cure and deflask partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.92	Grind in porcelain or acrylic facings and pontics	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.93	Pickle and heat treat gold inlays, crowns, or pontics	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.94	Polish or glaze porcelain facings, teeth or pontics	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.95	Solder units of fixed partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.96	Sprue, invest, and burn out gold allow inlays, crown, or pontics	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.97	Test occlusion and fit in inlays, crowns, or fixed partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.98	Wax-up and carve inlays, crowns, or pontics for fixed partial bridges	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1.99	Set up artificial teeth on removable partial denture framework	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.00	Sprue and invest wax-up for casting and removable partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.01	Survey and design study casts	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.02	Survey and design removable partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.03	Transfer design from master cast to refractory casts	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.04	Trim and wax-dip refractory casts of removable partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.05	Wax-up, shape, and contour saddles for try-in or final processing	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.06	Wax-up components of frameworks for removable partial dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.07	Adapt wrought gold clasps and bars	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ____________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement None Assist Do Do & Supervise Supervise	B. Time Spent Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	C. Consequences of Inadequate Performance: None Very Little Below Average Average Above Average Very Much Extreme	Time Required to Train On The Job None Very Short Below Average Average Above Average Very Long Extensive
2.08	Block out and relieve master casts	1 2 3 4 5	1234567	1234567	1234567
2.09	Burn out wax prior to casting	1 2 3 4 5	1234567	1234567	1234567
2.10	Cast metal framework for removable partial dentures	1 2 3 4 5	1234567	1234567	1234567
2.11	Polish removable partial denture base	1 2 3 4 5	1234567	1234567	1234567
2.12	Dehydrate refractory casts	1 2 3 4 5	1234567	1234567	1234567
2.13	Duplicate master casts	1 2 3 4 5	1234567	1234567	1234567
2.14	Estimate amounts of precious metals or chrom-cobalt alloys required for a casting	1 2 3 4 5	1234567	1234567	1234567
2.15	Finish and polish metal partial denture	1 2 3 4 5	1234567	1234567	1234567
2.16	Grind in tube teeth or facings	1 2 3 4 5	1234567	1234567	1234567
2.17	Make trial baseplates and occlusal rims for removable partial dentures	1 2 3 4 5	1234567	1234567	1234567
2.18	Pour refractory casts	1 2 3 4 5	1234567	1234567	1234567
2.19	Remount removable partial denture prosthesis for occlusal adjustments	1 2 3 4 5	1234567	1234567	1234567
2.20	Sandblast chrome castings	1 2 3 4 5	1234567	1234567	1234567
2.21	Select teeth for removable partial dentures	1 2 3 4 5	1234567	1234567	1234567
2.22	Assemble and repair complete dentures	1 2 3 4 5	1234567	1234567	1234567
2.23	Duplicate complete dentures	1 2 3 4 5	1234567	1234567	1234567
2.24	Reline dentures by articulator method	1 2 3 4 5	1234567	1234567	1234567
2.25	Reline dentures by flask method	1 2 3 4 5	1234567	1234567	1234567
2.26	Repair metal parts of removable partial dentures	1 2 3 4 5	1234567	1234567	1234567
2.27	Replace tube teeth or facings	1 2 3 4 5	1234567	1234567	1234567
2.28	Apply foil or tinfoil substitute to complete dentures	1 2 3 4 5	1234567	1234567	1234567
2.29	Pour final impressions to produce master cast	1 2 3 4 5	1234567	1234567	1234567
2.30	Care for preliminary or final impressions	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

SUB STER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________

(Please select and record appropriate title from those stated in letter)

		A. Task Involvement	B. Time Spent	C. Consequenc of Inadequat Performance:	D. Time Required to Train On The Job
		None Assist Do Do & Supervise Supervise	Very Little Below Average Slightly Below Average Average Slightly Above Average Above Average Very Much	None Very Little Below Average Average Above Average Very Much Extreme	None Very Short Below Average Average Above Average Very Long Extensive
2.31	Characterize denture base material	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.32	Design and position palatal reliefs	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.33	Design and form post dam	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.34	Fabricate trial baseplates and occlusual rims for complete dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.35	Flask, pack, cure, and deflask complete dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.36	Eliminate wax from denture molds	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.37	Fabricate artificial teeth for characterized dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.38	Finish and polish complete dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.39	Critically evaluate for processing errors	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.40	Critically evaluate completed case	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.41	Fabricate cast metal bases for complete dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.42	Fabricate impression trays from preliminary impressions	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.43	Fabricate individual surgical trays for immediate dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.44	Remount complete dentures for occlusal adjustments	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.45	Select artificial teeth for complete dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.46	Stabilize baseplates	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.47	Wax-up and contour complete denture base for try-in final processing	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.48	Complete simple denture repairs	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.49	Critically evaluate impressions and casts prior to fabrication of case	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.50	Interpret the dental prescription	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.51	Bead and box complete or partial denture impressions	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.52	Ditch the die	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
2.53	Arrange artificial teeth in centric relation for complete dentures	1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
		1 2 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

SUBCLUSTER: Dental Services

CATEGORY: Direct and Indirect Patient Services

JOB TITLE: ______________________________
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2.54	Arrange artificial teeth in balanced occlusion for complete dentures	1 2 3 4 5	1234567	1234567	1234567
2.55	Fabricate immediate complete or removable partial dentures	1 2 3 4 5	1234567	1234567	1234567
2.56	Solder component parts of removable partial denture	1 2 3 4 5	1234567	1234567	1234567
2.57	Complete complex denture repairs	1 2 3 4 5	1234567	1234567	1234567
2.58	Characterize and apply stains to porcelain facings	1 2 3 4 5	1234567	1234567	1234567
2.59	Supervise subordinates within the laboratory	1 2 3 4 5	1234567	1234567	1234567
2.60	Give "on-the-job" instruction to subordinate personnel	1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567
		1 2 3 4 5	1234567	1234567	1234567

APPENDIX A.9

ADVISORY COMMITTEE

Project H.O.P.E.
Competency-Based Teacher Training Advisory Committee
1976 - 1977

1. Mr. James Hixson
Vocational Director
Central Nine Vocational-Tech School
P.O. Box 403
Greenwood, IN 46142
(317) 888-4401

2. Dr. Adeline Jones Eastman
Professor and Coordinator of
Vocational Teacher Ed. Programs
Business Education and
Office Administration Dept.
College of Business, PA 201
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3. Dr. Ralph Mason, Dept. Head
Div. of Business and Distributive Ed.
Room 202
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Terre Haute, IN 47809
(812) 232-6311 Ext. 2134

4. Ms. Virginia Blakely, Director
Anderson School of Practical Nursing
325 West 38th Street
Anderson, IN 46014
(317) 649-5511

5. Miss Mary Lee Seibert
Indiana University Medical Center
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(317) 264-8509

6. Dr. Phillis K. Lowe
Vocational Teacher Training
South Campus Courts "F"
Purdue University
West Lafayette, IN 47907
(317) 494-8026

7. Ms. Erna Simek
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8. Dr. John J. Loughlin,
Vice President/Provost
Indiana Vocational Technical
College
P.O. Box 1763
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(317) 297-3210

9. Ms. Paula Carter, Executive Off.
Indiana State Advisory Council
803 State Office Building
Indianapolis, IN 46204

10. Dr. Mary Jenet Penrod
Coordinator of Professional
Developemtn
Indiana Division of Vocational
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17 W. Market Street
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(317) 633-7673

11. Ava Cowger, Staff Assistant
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12. Sally Mathews, Media Specialist
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Project H.O.P.E.
Competency-Based Teacher Training Advisory Committee
1976 - 1977

13. John Boruff, Coordinator
Health Data
Indiana State Board of Health
1330 West Michigan Street
Indianapolis, IN 46202
(317) 633-6368

14. Dr. Gerald Dudley, Director
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South Bend, IN 46615
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15. Dr. James Vaught
Assistant to Dean
Director Dental Aux. Education
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16. Charles Bertram
Chairman of Division of Education
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17. Dr. Gordon Kelly
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18. John Wertzler
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Division of Teacher Education and Certification
Indianapolis, IN 46202
(317) 633-4759

19. Marilyn Steward
Vocational-Technical Department
School of Technology
TAW 102, Indiana State University
Terre Haute, IN 47809
(812) 232-6311 Ext. 2161 or 2162

PROJECT H.O.P.E.

Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

PROJECT DIRECTOR:
Beverly Hankenhoff
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

January 31, 1977

Dear

Due to incumbent weather and school closure, you did not receive the enclosed abstract from the technical report of the first two years of Project H.O.P.E. prior to the competency-based teacher training committee meeting on January 14, 1977.

As principal investigator, I was to present an overview of Project H.O.P.E. at the meeting but was unable to attend because of involvement in a car wreck while enroute to the meeting.

Based on the directives found in the present State Plan and Teacher Education and Certification Handbook, Indiana educators are charged with the responsibility of providing competency-based vocational education.

Project H.O.P.E. has as its objective to develop a long-range planning and management system for a comprehensive, competency-based health occupations education program in Indiana.

One component of the project is the competency-based teacher training area. So much has been done nationally in competency-based education that the 1974-1975 chairman (James Richmann) of this component first researched the data and then prepared a list of teaching competencies identified by the research. The Competency-Based Teacher Training Committee of 1974-1975 reviewed the competency list and made suggestions for revision. Revisions were made and then the teaching competencies were validated by health occupations educators and administrators from Indiana and Ohio. The teaching competencies identified on the list were basically those established by Cotrell and used in the development of the Ohio State Competency-Based Study. Based on results of Project HOPE's validation, these same competencies were shown to be valid for the State of Indiana.

The Ohio State Study was developing at this time (1974-1975) 100 competency-based modules to teach 384 identified teaching tasks. After reviewing the Ohio State Study, the seond year competency-based teacher training chairperson (Shirley Smalley) decided to utilize the Ohio material.

Competency-Based Teacher Training Component found two facets of competency-based education had not been developed that were necessary for application of a competency-based system for Indiana.

First, a module was needed that could be used to train Indiana health occupations educators how to understand and use competency-based education.

Secondly, a core of health occupations competencies needed to be identified in order to prepare secondary health occupations coordinators.

Mr. Doug Barney and Mr. Roy Larsen, curriculum specialists who design competency-based programs for the United States Army, were asked to develop the needed module.

Since Indiana joined V-TECS in 1976, the Competency Based Teacher Training component was instructed to review the teacher-training system used by V-TECS to see if it was adaptable for use by Project HOPE. A definite competency-based teacher training module had not been developed by V-TECS so Project HOPE's module is under development.

The core health occupations competencies are being identified by coorelation of data validated by Performance Based Student Training Component of Project HOPE.

The objectives of Competency-Based Teacher Training Component have been established, approved, and funded by the State Board of Vocational and Technical Education. All members of the Competency Based Teacher Training Committee are recognized as outstanding educators. As a member of the committee you have two functions:

1) To review and make recommendations concerning the module being developed by Mr. Barney and Mr. Larsen
2) To review and make recommendations of all material produced by the component before it is printed

The committee will meet three times during the funded year (September, 1976 - September, 1977).

I hope this letter clarifies any questions you have concerning the Competency Based Teacher Training Component of Project HOPE. Please contact me if you desire additional information.

You will be notified by mail of the date of the next meeting plus you will receive all material to be discussed one week prior to the meeting.

Enclosed you will find a travel claim and a certification form. Please complete the forms and return to me.

Sincerely yours,

Shirley F. Smalley (Mrs.)
Project HOPE
Principal Investigator

SS/sa

enclosures

SUMMARY OF STATUS REPORT

Presented to Competency-Based Teacher Training Committee
January 14, 1977

Subject: Status Report from Competency-Based Teacher Training Researchers

I. Goals (2)

  A. Identify those basic competencies that would provide the foundation needed to:

    1. Effectively interact with a total teacher training program
    2. Prepare prospective teachers to effectively use performance based, Criterion-Referenced Instructional methods and materials

  B. Once these tasks were identified:

    1. Select the most critical
    2. Analyze them
    3. Put them into instructional form - i.e. Write performance objectives
    4. Construct performance tests
    5. And time and resources permitting - design performance modules

II. Actions

  A. Reviewed tasks from prior years CBTE efforts

  B. Researched critical tasks of a complete CRI, instructor training course

  C. Classified tasks into two major categories: Planning/ Development and Implementation

  D. We then requested and received a list of student characteristics

E. Based on these characteristics, results of our review, guidance from Shirley Smalley, and the tasks generated from prior CBTE hope efforts, we decided to concentrate on the Planning/Development tasks. This addressed our first goal: We felt these tasks would provide for the best foundation by concentrating on those essential skills and knowledges needed to interact with a total CBTE program, and to use the methods and materials of performance-based instruction.

F. We tentatively selected tasks to analyze - I say tentatively because we wanted to allow the analysis process to surface other tasks that might be needed for this or future efforts. The tasks selected were:

1. Select tasks for training
2. Do a task analysis
3. Write performance objectives
4. construct performance tests

G. We then began analyzing test tasks. Here we did something that has not been done before: We analyzed each task using 3 separate methods, each done separately by a different analyst. We had good reasons for doing this:

1. We wanted to insure comprehensiveness and validity
2. We realized that eventually we would be asking classroom teachers to analyze tasks, and we wanted to examine and compare methods to see if we could find one more appropriate to the teacher (vs the designer). In any case we at least wanted to be able to present alternative methods.

H. The task analysis process revealed.

The need for two more tasks:

1. Derive supportive or enabling objectives
2. Derive training tasks from general and/or affective goals

We added these to our original list and analyzed them.

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I. Once we completed the analysis we drafted an organizing rationale that depicted the flow and interface of these tasks. (This is what you have been given.)

J. We then developed performance objectives for the tasks.

K. We are now in the process of writing the performance tests.

L. In addition to these major steps I've outlined here, we have also

   1. Developed instruments for the derivation of enabling objectives - we are testing these out on military types right now.

   2. We've been examining and trying with various approaches and formats that can be used to present these tasks to our student teachers.

APPENDIX B

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PROJECT H.O.P.E.

Performance Based Student Training Program

The objectives of the 1976-77 Performance Based Student Training Committee were as follows:

1. To examine the Performance Based Student Training curriculum model prepared in 1975-76 and review those learning modules previously prepared to ensure their adaptability and usefulness to various health occupations programs currently functioning throughout the state.
2. To select certain core cognitive, psycho-motor and affective skills within current health occupations programs and develop new learning modules for the Performance Based Student Training curriculum model.
3. To field test and evaluate those new learning modules developed in order to further test the Performance Based Student Training curriculum model.
4. To select and analyze additional psycho-motor skills relevant to current health occupations programs and begin development toward further learning modules for the Performance Based Student Training curriculum model.

The main thrust of the Performance Based Student Training Committee, for the project year, was to utilize the performance based curriculum delivery system established in the 1975-76 year and develop a curriculum format that was deemed relevant and could readily be implemented across the state.

In order to select one of the more relevant formats, for state-wide implementation, various possiblilities were reviewed by the Performance Based Student Training Advisory Committee (see Appendix B.7). Of the possibilities reviewed, the format considered to be the most relevant and have the greatest priority was that of a performance based curriculum for unlicensed medication personnel for nursing home facilities. The rationale for selecting this format included:

1. There are currently 400+ nursing homes in Indiana, most of which utilize three shifts of unlicensed personnel to administer medications.
2. The current training programs for unlicensed medication personnel (medication aides), across the state, are extremely variable.

3. The office of Health, Education and Welfare had mandated to the Indiana State Board of Health that medication aides would not be able to administer medications after January 1, 1977 unless they had successfully completed a state approved performance based training program.

4. The Indiana State Board of Health had identified the entry level and content of a proposed medication aide training program (see Appendix B.2).

5. Health, Education and Welfare has approved the entry level and content of the medication aide training program but had rejected the proposal as it was not considered to be performance based in nature and therefore could not demonstrate competence of the student.

6. The Performance Based Student Training Committee of Project H.O.P.E. was the only known source within the state that had developed a Health Occupations Educational Matrix and Performance Based Student Training Delivery System.

7. The state had a critical need, which with minor alteration of the objectives, could become the format of the 1976-77 Performance Based Student Training Committee.

In order to meet the total needs of the Indiana State Board of Health, Objectives #2 and #4 were altered and Objective #5 added as follows:

Objectives:

2. To select specific psycho-motor skills, relevant to the medication aide training program and other current health occupations programs, and develop new learning modules for the Performance Based Student Training curriculum model.

4. To select specific cognitive skills, relevant to the medication aide training program and other current health occupations programs, and begin development toward further learning modules for the Performance Based Student Training curriculum model.

5. To prepare and evaluate a "one-time" proficiency examination to be given by the Indiana State Board of Health to those unlicensed persons who had gained the required knowledge needed to administer medications, through current instructional means.

It was determined that through Objective #5 a nucleus of competent unlicensed medication personnel could be established for Indiana, until the performance based curriculum was completely developed. Alteration of the objectives also made a change in the time line for the project.

Following the activiation of the the Performance Based Student Training Advisory Committee, the learning modules, prepared in the 1975-76 project year were reviewed and revised for adaptability and usefulness for various current health occupations programs throughout the state (Objective #1). The major factors involved in revision of the modules were based upon the recommendations of the 1975-76 field test students and teachers plus the Performance Based Student Training Advisory Committee. Those factors included:

1. Addition of detailed instructions at the beginning and throughout the modules (as needed for clarification).
2. Deletion of options that did not coincide with objectives.
3. Restructuring of modules to allow for ease of progression through the modules.
4. Addition of visual aides pertinent to the context of the modules.
5. Deletion of audio-visuals, by major companies, from the module resource list.
6. Changing of title of criterion-referenced test from "post test" to "master test."
7. Separation of criterion-referenced tests from the modules per se (due to separation - test will have codefication and title of module affixed to it).

To fulfill factor (4), regarding visual aids, an artist with health occupations background was contracted to develop black and white prints and color reproductions, from which 35mm slides were made. Audio-tapes were also made to accompany each set of 35mm slides. The full "Learning Package" for each module has been printed and copies can be obtained by contacting the Indiana Curriculum Media Center, Indiana State University, Terre Haute. In an effort to meet the needs and time schedule of the Indiana State Board of Health, it was imperative that the "one-time" proficiency examination, to be given to those unlicensed persons who had completed a current medication training program, be prepared and evaluated as soon as possible (Objective #5). The sub-committee, needed to assist in the preparation and evaluation, was formed and met four times over a two month period to prepare the proficiency examination. A pool of assorted questions, relevant to the proposed content of the medication aide curriculum, was reviewed by the sub-committee and those questions deemed appropriate were selected on the following criteria:

1. The information called for (by the question) should be pertinent to the preparation and administration of oral, topical, eye, ear, nasal and suppository medications.

2. Each question selected should be objective in nature and need little or no explanation to understand its meaning.

3. Each question should be an accurate statement of fact, be multiple-choice in nature and contain only one (1) correct answer.

4. All of the information in the statement of each question should be essential to the question.

5. If possible, only those questions stated in a positive tense should be included; for those (questions) stated negatively, the negative tense should be underscored.

6. Questions containing answers that are dependent on answers from other questions should be excluded.

7. Questions that call for more knowledge than is expected of this level of student should be excluded.

8. Questions that are asking for more knowledge than is incorporated in a single principle or concept should be excluded.

9. Those questions which are testing for all actual performance abilities related to the job (medication aide for nursing home) should be included.

The proficiency examination developed, consisted of 197 multiple-choice questions. To determine any possible errors, discrepancies or misunderstandings, the examination (untitled) was field tested by practical nursing students. Final evaluation of the examination was done by:

1. Reviewing results of the field test.

2. Examining those questions missed by more than 50% of the field test participants (this method was agreed upon by the sub-committee because of the thoroughness of the established criteria of the examination).

3. Correcting, deleting and supplementing those questions deemed inadequate.

The proficiency examination was revised according to the decisions of the sub-committee. An explanatory document, for the examination was prepared and both it and the examination were submitted to the Indiana State Board of Health for administration according to their jurisdiction. (For a summary of the sub-committee meetings see Appendix B.7). For the proposed content of the medication aide curriculum and areas to which the proficiency examination was addressed see Appendix B.2.

Concurrent to the work of the sub-committee, assistance was given toward the compiling of a Technical Report covering the first two years of the project and the development of two booklets entitled, "A Teacher Planning Model" and "A Student Brochure Model." Neither the completion of the Technical Report nor the development of the models were objectives of this year of the project; however, these documents were considered to be of vital importance to the project for the following reasons:

Technical Report:

1. The 1974-75 final report had been printed and disseminated on a large scale, but contained a great deal of research data that was difficult to comprehend by many health occupations educators.

2. The second year final report had been printed but had not been dissiminated on a large scale.

3. The bulk of the first and second year reports combined, made it almost impossible for them to be understood in a concise manner by the majority of health occupations educators.

4. The actual value of the findings of the first two years of the project were extremely important to health occupations educators and needed to be made available to prevent duplication of research.

Models:

1. A full training program, based on the established training system of the project, was going to take a period of time.

2. Many health occupations educators had expressed a desire for guide lines in the use of the research data from the first two years of the project.

3. The developed models would give one view of practical implementation to the research data.

A copy of the Technical Report can be obtained by contacting the Indiana Curriculum Materials Center, Indiana State Univeristy, Terre Haute. Copies of the two models can be found in Appendix B.1.

Due to the vast scope and multi-faceted products of the Performance Based Student Training Committee and sub-committee, the development of the specific psycho-motor skills, relevant to the medication aide training program and other current health occupations programs, into learning modules extended over approximately three-fourths of the project year. (Objective #2) Eight psycho-motor skills were identified by the Indiana State Board of Health as being the basic performances essential to the medication aide curriculum. The selected eight psycho-motor skills included:

1. Prepare Oral Medication For A Patient
2. Administer Oral Medication To A Patient
3. Count Narcotics or Controlled Drugs to Determine the Accuracy of Inventory Records
4. Apply Topical Medication For A Patient
5. Instill Eye Medication For A Patient
6. Instill Ear Medication For A Patient
7. Instill Nasal Medication For A Patient
8. Insert Rectal or Vaginal Suppositories For A Patient

According to the procedures established for the Performance Based Student Training Delivery System in the 1975-76 year of the project, the psycho-motor skills listed above underwent task analysis, generation of instructional (terminal) objectives based upon the analysis and development of criterion-referenced tests to meet the instructional objectives (for detailed products see Appendix B.3).

Once the aforementioned performance based delivery system tools [illegible] completed, the development of the learning modules was begun. Each learning module was structured in identical format (established in the 1975-76 project year) and contained:

1. a goal or rationale for the module
2. specific instructions (interspersed as needed)
3. stipulated pre-requisite psycho-motor, cognitive or affective skills needed prior to the psycho-motor skill in question

4. the instructional or terminal objective for the given psychomotor skill

5. resources to be used in reaching the given objective

6. specific activities based on the given resources

7. the criterion-referenced test developed to match the given instructional objective

To add clarity to the eight (8) learning modules, a Teacher's Guide was developed and specific instructions for each module was included (copies of the learning modules and the teacher's guide can be found in Appendix B.4.

During the 1975-76 year of the project the learning modules developed were field tested with different groups of students and all field tests were conducted by the project researcher. For this year of the project (1976-77), however, it had been determined that many more test sites should be added to the field test for validation of the eight (8) new learning modules. These additional test sites, though valuable to the research data, made it impossible for the project researcher to conduct the field tests. Therefore, teacher training sessions in the structure and usage of the learning modules, were conducted. Three teacher training sessions were held, within a three week period, in different parts of the state. Due to the nature of the learning modules, administration of medication, the teacher training sessions were restricted to those educational and health care agencies currently instructing health occupations personnel in medication administration. (For information concerning the agenda, dates, locations and participants of the teacher training sessions.(see Appendix B.5)

At the close of the teacher training sessions, field tests were scheduled to be conducted at various sites over a specified four week period (objective #3).

Thirteen (13) agencies, both educational and health care, volunteered to participate in the field test. The types of agencies participating included:

1 - educational agency Geriatric Technician program
2 - Licensed Practical Nurse program
3 - state hospital Medication Attendant programs
4 - nursing home Medication Aide programs

Each field test site submitted in writing, the total number of students and teachers that would be participating in the field test. Necessary educational and evaluational materials were printed and disseminated. Following the four weeks allowed for the field test, all educational and evaluational materials were returned to the project office for compilation and scrutinization of the data and evaluation form. Tabulation of the evaluation forms, both student and teacher, revealed the following overall points:

1. from the students' point of view, the integral components of each of the learning modules of the field test:
   a. contained appropriate vocabulary that was neither too easy nor too difficult
   b. contained content that seemed complete
   c. contained valuable information that was useful and applicable
2. from the teachers' point of view, the integral components of each of the learning modules of the field test:
   a. needed only few modifications
   b. should be retained for the curriculum (no components were rejected)

For a detailed report of the field test, including locations, data of participants and specific areas of evaluation. (see Appendix B.6)

All objectives of the Performance Based Student Training Committee were met, in their entirety as established in the revised objectives, with the exception of Objective # 4. This objective was partially met in that specific cognitive skills, relevant to the medication aide training program and other current health occupations programs, were selected by the project researcher. At the time Objective #4 had been established it was determined the development of the specific cognitive skills into educational materials be done by the Performance-Based Student Training Sub-Committee member; however, before the cognitive skills were completed into educational materials, a decision was made by the majority of the Performance-Based Student Training Sub-Committee member to stop development. It was not possible for the educational materials to be completed, in the remaining time span, without the assistance of the Performance-Based Student Training Sub-Committee. (For details relevant to the decision made by the Performance-Based Student Training Sub-Committee see Appendix B.7, "Summary of Performance-Based Student Training Sub-Committee Meetings").

Due to the critical need for the Medication Aide Training program by the Indiana State Board of Health it is recommended that another year of funding be given to Health Occupations educators to complete the program and add specified materials that would enhance other closely allied programs. Suggested objectives for another year of funding include:

1. completion of the medication aide training program (as identified in 1976-77 project year)
2. training of specified Health Occupations educators in the use of the training program developed
3. establishment of the beginning level of the practitioner who has completed the training program
4. development of a proficiency examination that will establish competence of the student who has completed the training program
5. development of additional materials that when added to medication aide training program should permit incorporation into current programs in the nursing category of Health Occupations, e.g. Geriatric Technician and Licensed Practical Nurse

APPENDIX B.1

MODELS AND REVISED MODULES

1.1 A-2-1 MICROORGANISMS THAT CAUSE DISEASE

1.2 A-2-2 MEDICAL ASEPSIS--WHAT IS IT

1.3 A-2-3 HAND-WASHING TECHNIQUE FOR MEDICAL ASEPSIS

1.4 A-2-4 THE PATIENT'S UNIT--EQUIPMENT AND SUPPLIES

1.5 A-2-5 CLEAN A PATIENT'S UNIT

1.6 STUDENT BROCHURE MODEL

1.7 TEACHER PLANNING MODEL

PROJECT H.O.P.E.

Performance Based Student Training Committee

Summary of Revised Modules

After the Performance Based Student Training Advisory Committee was activated, work was begun on the revision of the learning modules of the Performance Based Student Training delivery system model, which had been developed in the 1975-76 year of the project.

Recommendations of field test students and teachers plus those of the 1975-76 Performance Based Student Training Advisory Committee were reviewed and categorized. All major factors of the recommendations were adhered to and incorporated into the learning modules. Each learning module, in reality, has become a "learning package" consisting of the following components:

1. the learning module
2. a corresponding criterion-referenced test
3. a set of corresponding black and white prints (which can be used for producing transparencies, hand-outs, etc.)
4. a set of corresponding 35mm color slides
5. an accompanying audio-tape for the set of 35mm slides

Samples of the five (5) revised modules, with corresponding criterion-referenced tests and black and white prints can be found on the following pages. The entire "learning package" for each of the five modules have copyrights pending and are available for a small fee upon request from the Indiana Curriculum Media Center, Indiana State University, Terre Haute.

INDIANA HEALTH OCCUPATIONS EDUCATION

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MODULE

#A-2-1

MICROORGANISMS THAT CAUSE DISEASE

WRITTEN BY: PHYLLIS BILGER, PROJECT RESEARCHER

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL / TECHNICAL EDUCATION

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To assist the teacher in the use of the learning module, audio-visual materials have been prepared as follows:

1. black and white prints that can be used for transparencies
2. a set of 35mm color slides
3. an audio-tape that corresponds with the 35mm slides

MICROORGANISMS THAT CAUSE DISEASE

GOAL

Why study this module? People who are ill, may be ill for a number of different reasons. Some of the illnesses that people have are caused by germs (disease causing Microorganisms). There are some health workers that will need basic information about germs in order to perform the necessary tasks of their job.

This module includes information for those health workers who need to know:

1. major types of germs
2. main characteristics of germs
3. major ways germs are spread
4. ideal living conditions for germs
5. major ways germs are controlled
6. selected common diseases caused by germs: the germ causing each disease, how it is spread and how it can be controlled.

TURN TO NEXT PAGE

USE OF LEARNING MODULES

INSTRUCTIONS

1. Read through the objective on page one (1) so that you know what your goal is for the module.

2. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

3. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

4. If you do not wish to take the master test, examine each option offered to determine which group of resources best meet your needs. Remember, all resources in a given option must be completed for you to take the master test.
5. Select an option of resources and then turn to the page where that option begins.

6. After turning to the option of your choice, take a few moments to read through each activity listed. Be sure to ask your teacher for explanation of any activity you do not understand.

7. When you understand what you are to do, proceed with the activities of the option you have selected.

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MICROORGANISMS THAT CAUSE DISEASE

Your goal for this module is:

OBJECTIVE

You will be given a written test and, with at least 75% accuracy, answer the following questions:

1. Name the three (3) most common groups of microorganisms and describe some of the basic shapes, sizes and characteristics of types within the groups (according to Thompson and Rosdahl, Textbook of Nursing, 2nd Ed., pp. 40 - 42)
2. From the attached list of common diseases caused by microorganisms, select ten (10) diseases and memorize:
    - a. the causative organism of the disease
    - b. the method by which disease is acquired
    - c. the method by which the disease is controlled

go on to page 2

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To help you reach your objective
select one of the following options:

RESOURCES

OPTION A

TEACHER: Lecture
"Microorganisms That Cause Disease"

OVERHEAD TRANSPARENCIES: # A - 2 - 1
(From Prints)
"Microorganisms That Cause Disease"

TEXT: Memmler & Rada, The Human Body in Health and Disease, pp. 13-18 and 22-24.

LIBRARY ASSIGNMENT:

1. Reference Reading
2. Report

WORK SHEET ASSIGNMENT:
"Common Diseases Caused by Microorganisms"

FOR THIS OPTION, GO TO PAGE 4

c 1977

RESOURCES

OPTION B

AUDIO-TAPE & SLIDES: # A - 2 - 1

"Microorganisms That Cause Disease"

LABORATORY ASSIGNMENT:

1. View prepared slides of microorganisms
   - a. Teacher Made

     or

   - b. National Teaching Aids, Inc. Microslides

WORKSHEET ASSIGNMENT: "Common Diseases Caused by Microoganisms"

FOR THIS OPTION, GO TO PAGE 11

c 1977

OPTION A

ACTIVITIES

1. Sign up for this option.

2. Read pp. 13-18 and pp. 22-24 in Memmler & Rada's The Human Body in Health and Disease, before going to class.

3. Attend the lecture on "Microorganisms That Cause Disease" (check the schedule for time and room).

4. As you listen to the lecture and look at the transparencies be sure to note:

    a. definition of a microorganism
    b. the three (3) major groups of disease-producing microorganisms and types within the groups

        (1) Plant

            (a) fungi - yeasts and molds
            (b) bacteria - cocci, bacilli, curved rods

        (2) Animals - "Protozoa"

        (3) Unclassified

            (a) rickettsiae
            (b) viruses

    c. characteristics of disease-causing microorganisms

        (1) size
        (2) shape
        (3) method of moving
        (4) protective devices (if any)
        (5) reproduction

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c 1977

OPTION A

ACTIVITIES

d. four (4) major methods by which disease-causing microorganisms are spread

- (1) contact
  - (a) direct (person to person)
  - (b) indirect (person to object)
- (2) airborne
- (3) fomites (non-living substances such as food, water, dust)
- (4) vectors (living carriers such as rats, fleas, mosquitoes)

e. ideal environment for disease causing microorganisms *

- (1) warm
- (2) moisture
- (3) dark
- (4) food (especially glucose)
- (5) oxygen (for most types)

* (cells of human body have all of these)

GO ON TO PAGE 6

c 1977

OPTION A

ACTIVITIES

f. Two (2) major methods of controlling disease-causing microorganisms

   (1) public health methods (sewage, pasteurization, immunization, medication, etc.)

   (2) Asepsis

      (a) Medical

         ((1)) hand washing technique

         ((2)) surface cleaning

         ((3)) isolation technique

      (b) Surgical (sterilization)

5. Read the following references:

   a. Thompson & Rosdahl, Textbook of Basic Nursing, 2nd Ed., pp 40-44

   b. Young & Barger, Introduction to Medical Science, 2nd Ed., pp 178-194

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OPTION A

ACTIVITIES

6. From your text or references, sketch any three (3) of the following microorganisms in the circles below and label:

   a. Plants

      (1) fungi (yeasts and molds)

      (2) bacteria (cocci, bacilli, curved rods)

   b. Animals (Protozoa)

   c. Unclassified

      (1) rickettsiae

      (2) viruses

1. ____________________ 2. ____________________ 3. ____________________

Have your sketches checked by the teacher.

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c 1977

OPTION A

ACTIVITIES

7. Complete the reference report sheet on pages 18-19. Use your text and the references listed on page 6, #5 to help you answer the questions.

8. Turn to page 18 and fill out all blanks with the proper information.

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c 1977

OPTION B

ACTIVITIES

1. Sign up for this option.

2. This option is designed for you to work independent of a large class group, but you should attempt to complete the module within the teacher's time limits.

3. You are to complete five (5) activities.

   These activities are:

   a. look at microscopic slides and sketch three (3) microorganisms

   b. listen to an audio-tape while you are looking at 35 mm slides

   c. answer questions on a report sheet

   d. answer questions for a worksheet assignment

   e. memorize certain facts about ten (10) selected microorganisms

4. You may do the above activities in any order you wish, but all activities must be done.

   Instructions for each activity, listed above, begin on page 12

GO ON TO PAGE 12

c 1977

OPTION B

ACTIVITIES

INSTRUCTIONS FOR MICROSCOPIC SLIDES

1. When you are ready for the microscopic slides, contact the media clerk or your teacher and obtain
   - a. the microscope or microviewer
   - b. teacher-prepared slides or National Teaching Aids, Inc. microslides on microorganisms
2. Go to a study-carrell or designated area and:
   - a. view all of the slides on microorganisms
   - b. as you view the microorganisms, look carefully for the following types:
     - (1) Plants
       - (a) fungi (yeasts and molds)
       - (b) bacteria (cocci, bacilli, spirillae, spirochetes)
     - (2) Animal (Protozoa)
       - (a) amoeba
       - (b) ciliates
       - (c) flagellates
       - (d) sporozoa
     - (3) unclassified
       - (a) rickettsiae
       - (b) viruses

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c 1977

OPTION B

ACTIVITIES

c. as you look for the types of microorganisms also look for different shapes and sizes

d. as you look into the microscope or micro-viewer, sketch three (3) different microorganisms, that you see, in the circles below and label (names of microorganisms are on the slides).

1 ____________________ 2. ____________________ 3. ____________________

Show your sketches to your teacher.

3. When you are finished with the microscope and slides, return them to the media clerk or your teacher.

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OPTION B

ACTIVITIES

INSTRUCTIONS FOR AUDIO-TAPE & 35mm SLIDES

1. When you are ready for the audio-tape and slides contact the media clerk or your teacher and obtain:
    a. a tape recorder
    b. the audio-tape # A - 2 - 1
    c. a 35mm slide projector
    d. 35mm slide set # A - 2 - 1 "Microorganisms That Cause Disease"
2. Go to a study-carrell or designated area and:
    a. turn on the slide projector and focus for the first slide
    b. place the audio-tape in the tape player, turn on and adjust the volume
    c. listen to the tape as you look at all the slides (instructions for advancing the slides are on the tape)
3. As you listen to the audio-tape and look at the slides, be sure to note:
    a. the definition of a microorganism

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c 1977

OPTION B

ACTIVITIES

b. the three (3) major types of disease-producing microorganisms

(1) Plants
   (a) fungi
   (b) bacteria

(2) Animals (Protozoa)

(3) Unclassified
   (a) rickettsiae
   (b) viruses

c. characteristics of disease-causing microorganisms

(1) size
(2) shape
(3) method of moving
(4) protective devices (if any)
(5) reproduction

d. four (4) major methods by which disease-causing microorganisms are spread

(1) contact
   (a) direct (person)
   (b) indirect (person to object)
(2) airborne
(3) fomites
(4) vectors (living carriers such as rats, fleas, mosquitoes)

GO ON TO PAGE 16

c 1977

OPTION B

ACTIVITIES

e. ideal environment for disease-causing microorganisms *

   (1) warmth
   (2) moisture
   (3) dark
   (4) food (especially glucose)
   (5) oxygen (for most types)

* (cells of human body have all of these)

f. two (2) major methods of controlling disease-causing microorganisms

   (1) public health methods

      (a) sewage
      (b) pasteurization
      (c) immunization, etc.

   (2) Asepsis

      (a) medical
         ((1)) hand-washing technique
         ((2)) surface cleaning
         ((3)) isolation technique

      (b) Surgical (sterilization)

4. When you are finished with the audio-tape and slides, return them and the equipment to the media clerk or your teacher.

GO ON TO PAGE 17

c 1977

OPTION B

ACTIVITIES

INSTRUCTIONS FOR REPORT SHEET

1. It is suggested that before you fill out the laboratory report sheet, you look at the microscopic slides, listen to the audio-tape and look at the 35mm slides.
2. When you are ready to do the laboratory sheet, turn to pages 18 and 19 and fill out all the blanks with the proper information.

INSTRUCTIONS FOR WORK SHEET

For instructions for the work sheet, turn to page 21

INSTRUCTIONS FOR SELECTION AND MEMORIZATION

For instructions for selection of facts about microorganisms for memorization, turn to page 27.

* * * * * *

WHEN ALL ACTIVITIES ARE COMPLETED GO ON TO PAGE 31

c 1977

REFERENCE OR LABORATORY REPORT

CHECK ONE THAT APPLIES:

REPORT

REFERENCE________ LABORATORY________

LIST OF TYPES OF MICROORGANISMS

BACTERIA	FUNGI	PROTOZOA	UNCLASSIFIED
bacilli	molds	ameoba	rickettsiae
cocci	yeasts	cilliates	viruses
spirillae		flagellates	
spirochetes		sporozoa	

1. From the above list of disease-causing microorganisms, list those you did not sketch and describe their shape.

	Organism	Shape		Organism	Shape
a.			f.		
b.			g.		
c.			h.		
d.			i		
e.					

2. Did you sketch any Rickettsiae and Virus?

Yes________ No__________

If not, why? ______________________________

____

3. Did any of the microorganisms that you sketch have any special protective devices?

Yes__________ No__________

If so, describe the protective device and its purpose.

____

GO ON TO PAGE 19

c 1977

REPORT

4. a. Do most diseases caused by microorganisms come from plant or animal source? (see your lecture or audio-tape notes)

   b. Why?

5. List the types of disease-causing microorganisms that could easily come in contact with your skin, mouth, hair, etc. almost every day.

HAVE YOUR TEACHER CHECK THIS REPORT

If the report is satisfactory, Option A, go to page 21, Option B, go to the next activity of your choice.

If the report is not satisfactory, re-do the incorrect parts(s) and have the teacher re-check your report.

OPTION A GO ON TO PAGE 21

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INSTRUCTIONS

1. To help give you an idea of what some of the more common diseases are that are caused by microorganisms, do the worksheet on page 22

2. Check your own answers on page 25.

GO ON TO PAGE 22.

c 1977

WORKSHEET FOR MICROORGANISMS THAT CAUSE DISEASE

WORK SHEET

1. Look at the list of "Common Diseases Caused by Microorganisms" on pages 28-29. List, below, how many are caused by:

   a. Fungi________________

   b. Bacteria________________

   c. Protozoa________________

   d. Rickettsiae________________

   e. Viruses________________

2. Now arrange the microorganisms in order, highest frequency first:

   a. ________________________

   b. ________________________

   c. ________________________

   d. ________________________

   e. ________________________

3. When a disease-causing microorganism gets into the human body, why is it able to live so well? (see your lecture or audio-tape notes)

   ____

   ____

GO ON TO PAGE 23

c 1977

WORK SHEET

4. Look at the diagrams on pages 124-125 in Nursing Skills for the Allied Health Services. Now list four (4) common ways (direct and indirect contact) that microorganisms are spread in health care facilities:

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

5. From your lesson (lecture or audio-tape) you learned there are two (2) major ways to control disease-causing microorganisms (see your notes).

List these ways

a. ______________________________

b. ______________________________

6. List the three (3) preventive measures that we have for "medical asepsis" (see your notes).

a. ______________________________

b. ______________________________

c. ______________________________

7. Which of the three (3) preventive measures that you just listed for "medical asepsis" will you probably use most as a health worker?

____

GO ON TO PAGE 24

c 1977

WORK SHEET

8. Lood at the list of "Common Diseases Caused by Microorganisms" on pages 28-29.

List the following:

a. # caused by direct or indirect contact ________

b. # caused by airborne means ________

c. # caused by fomites ________

d. # caused by vectors ________

9. Which method is the most common method of acquiring a disease from a microorganism?

____

10. Look at the list of "Common Diseases Caused by Microorganisms" on pages 28-29. How many diseases can be controlled by Medical Asepsis?

____

Check your answers on page 25.

- -

OPTION A - GO ON TO PAGE 27

OPTION B - GO TO THE ACTIVITY OF YOUR CHOICE

c 1977

WORK SHEET

ANSWERS:

1. a. 2; b. 12; c. 2; d. 1; e. 8
2. Bacteria; Viruses; Fungus or Protozoa; Rickettsiae
3. The human body has everything the microorganism needs
4. a. equipment to patient or worker; b. patient to patient; c. worker to worker; d. worker to patient
5. a. public health methods; b. asepsis
6. a. hand washing; b. isolation; c. disinfection
7. hand washing
8. a. 13; b. 8; c. 4; d. 3
9. direct or indirect contact
10. All of them or 22

* *

OPTION A GO ON TO PAGE 27
OPTION B GO ON TO THE
ACTIVITY OF YOUR CHOICE

c 1977

ACTIVITIES

1. Lood at the list of "Common Diseases Caused by Microorganisms" on pages 28-29.
2. From that list select ten (10) diseases and memorize:
   a. the causative organisms of the disease
   b. the method in which the disease is acquired
   c. the control of the disease

OPTION A GO TO PAGE 28.

OPTION B GO TO THE

ACTIVITY OF YOUR CHOICE

c 1977

COMMON DISEASES CAUSES BY MICROORGNAISMS

LIST

DISEASE	CAUSATIVE ORGANISM	METHOD ACQUIRED	CONTROL
1. Athlete's Foot	Fungus	Indirect Contact	Medical Asepsis
2. Boils	Bacteria (cocci)	Indirect Contact	Medical Asepsis
3. Botulism (Food Poisoning	Bacteria (bacilli)	Fomite	Food Handling Medical Asepsis
4. Chicken Pox	Virus	Airborne	Medical Asepsis
5. Common Cold	Virus	Airborne	Medical Asepsis
6. Dysentery (3 types)	Bacteria Protozoa Virus	Fomite Indirect Contact	Sewage Control Medical Asepsis
7. Gonorrhea	Bacteria (cocci)	Direct Contact	Medical Asepsis
8. Hepatitis	Virus	Direct and Indirect Contact	Medical Asepsis
9. Impetigo	Bacteria (cocci)	Direct Contact	Medical Asepsis
10. Influenza (flu)	Virus	Airborne	Immunization Medical Asepsis
11. Malaria	Protozoa	Vector	Pest Control

GO ON TO PAGE 29

c1977

COMMON DISEASES CAUSED BY MICROORGANISMS

LIST

DISEASE	CAUSATIVE ORGANISM	METHOD ACQUIRED	CONTROL
12. Measles	Virus	Airborne	Immunization Medical Asepsis
13. Meningitis (2 types)	Bacteria (cocci) Bacteria (bacilli)	Airborne Direct Contact Vector	Pest Control Medical Asepsis
14. Mononucleosis	(Possible Virus)	(Possible Direct or Indirect Contact)	Medical Asepsis
15. Mumps	Virus	Airborne	Immunization Medical Asepsis
16. Ringworm	Fungus	Direct or Indirect Contact	Medical Asepsis
17. Strep Throat	Bacteria (cocci)	Airborne	Medical Asepsis
18. Syphillis	Bacteria (curved rod)	Direct Contact	Medical Asepsis
19. Tetanus (Lockjaw)	Bacteria	Direct Contact or Fomite	Immunization Medical Asepsis
20. Tuberculosis	Bacteria (bacilli)	Airborne Indirect or Direct Contact	Detection Program Medical Asepsis
21. Typhoid Fever	Bacteria (bacilli)	Fomite or Indirect Contact	Sewage Control Medical Asepsis
22. Typhus	Rickettsiae	Vector	Immunization Medical Asepsis

OPTION A TO PAGE 30

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OPTION A

INSTRUCTIONS

1. Check the teacher's master sheet to make certain that you have completed all activities for this option.
2. If you feel you have reached your objective, ask your teacher for the "Master Test".
3. If you do not feel ready for the test, go on to OPTION B on page 11 of the module and do all the activities.
4. If you have completed OPTION A and OPTION B, and do not feel ready for the test, see your teacher.

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OPTION B

INSTRUCTIONS

1. Check the teacher's master sheet to make certain you have completed all activities for this option.

2. If you feel you have reached your objective, ask your teacher for the "Master Test"

3. If you do not feel ready for the test, go to OPTION A on page 4 of the module and do all the activities.

4. If you have completed OPTION A and OPTION B and do not feel ready for the test, see your teacher.

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INDIANA HEALTH OCCUPATIONS EDUCATION

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MASTER TEST

# A - 2 - 1

MICROORGANISMS THAT CAUSE DISEASE

WRITTEN BY: PHYLLIS BILGER, PROJECT RESEARCHER

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL / TECHNICAL EDUCATION

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MICROORGANISMS THAT CAUSE DISEASE

INSTRUCTIONS

MASTER TEST

1. This test is one, continuous, written exam.

2. You may proceed from one page to another at your own rate.

3. If there are any time limits for the test, your teacher will tell you what they are.

4. You may use pencil or pen when writing your answers. If you make an error, cross it out completely and write in your new answer.

5. When told to begin, write your name and the date in the correct space on page 3.

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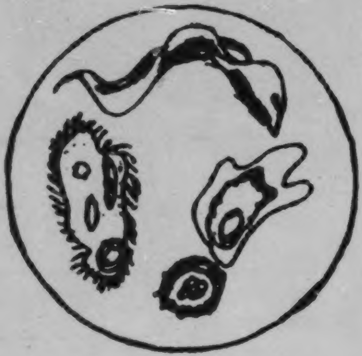
MICROORGANISMS THAT CAUSE DISEASE

NAME:______________________ DATE:______________

MASTER TEST

1. For each of the microorganisms that you see below, give the information asked for in the spaces provided



a.

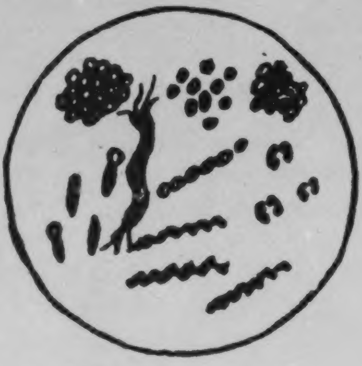
a.

(1) Type or Group______________

(2) Characteristics______________

____

____



b.

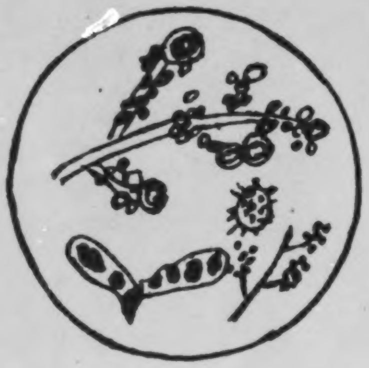
b.

(1) Type or Group______________

(2) Characteristics______________

____

____



c.

c.

(1) Type or Group______________

(2) Characteristics______________

____

GO ON TO PAGE 4

c 1977

MASTER TEST

2. Give the information required for the microorganisms in the "unclassified" group:

a.	b.
Type____________________	Type____________________
Size____________________	Size____________________
Shape____________________	Shape____________________
Characteristics________________	Characteristics________________
________________________	________________________
________________________	________________________

3. Listed below are the names of common diseases caused by microorganisms. From this list select your ten (10) and write the names on the spaces on page 5 in Column I.

Athlete's Foot
Boils
Botulism
Chicken Pox
Common Cold
Dysentery
Gonorrhea
Hepatitis
Impetigo
Influenza
Malaria
Measles
Meningitis
Mononucleosis
Mumps
Ring Worm
Strep Throat
Syphilis
Tetanus
Tuberculosis
Typhoid Fever
Typhus

GO ON TO PAGE 5

c 1977

MASTER TEST

4. Following the name of each disease you have written in Column I, place the letter of the word(s) in Column II that give the causitive organism, method acquired, and control.

EXAMPLE: Diphtheria: h, k, d

COLUMN I

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________

COLUMN II

a. Rickettsiae
b. direct contact
c. yeasts and molds
d. immunization
e. Protozoa
f. medical asepsis
g. fomite
h. Bacteria (bacilli)
i. Vector
j. Virus
k. airborne
l. Bacteria (cocci)
m. indirect contact
n. Fungus
o. detection program
p. Bacteria (curved rod)
q. sewage control
r. food handling
s. pest control

SCORE____________

GO ON TO PAGE 7

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UPON COMPLETION OF THE MASTER TEST

INSTRUCTIONS

1. Check your answers for the master test with the teacher or media clerk.

2. If you passed the master test for this module, consult your schedule for the module you should start next.

3. If you did not pass the master test and have not gone through the module, select one of the options and complete all the activities.

4. If you did not pass the master test, but have gone through OPTION A, go to OPTION B on page 11 and complete all the activities.

5. If you did not pass the master test, but have gone through OPTION B, go to OPTION A on page 4. Complete all the activities.

6. If you did not pass the master test, but have gone through both OPTION A and OPTION B, see your teacher.

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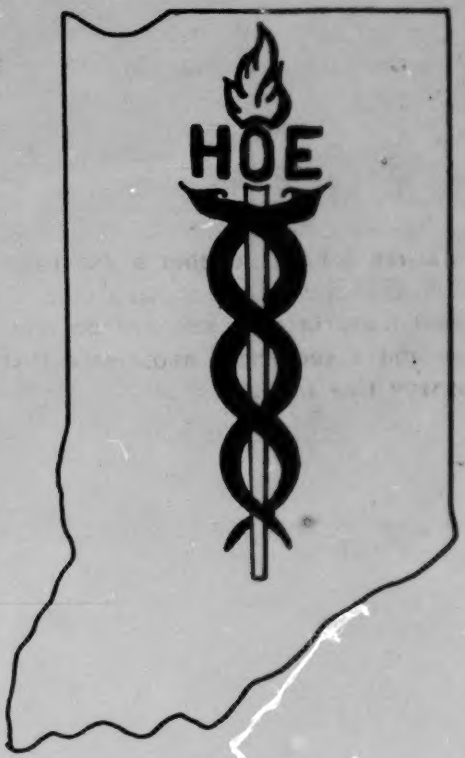
INDIANA HEALTH OCCUPATIONS EDUCATION

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77



PRINT

# A - 2 - 1

MICROORGANISMS THAT CAUSE DISEASE

DRAWINGS BY: HELENE BAKER, PROJECT ARTIST

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL/TECHNICAL EDUCATION

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These prints are for the teacher's use in making transparencies, student hand-outs and additional materials. There are 35 mm color slides and a sequenced audio-tape that also accompany this module.

MICROORGANISMS THAT CAUSE DISEASE

DEFINITION OF MICROORGANISMS:

1. LIVING MATTER
2. 3 GROUPS
   - A. PLANT
   - B. ANIMAL
   - C. UNCLASSIFIED
3. CAN ONLY BE SEEN WITH MICROSCOPE
4. SOMETIMES CALLED MICROBE
5. TYPES
   - A. HELPFUL
   - B. DISEASE CAUSING

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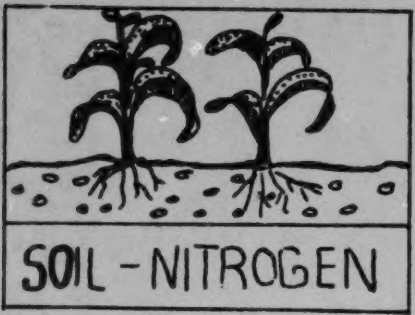
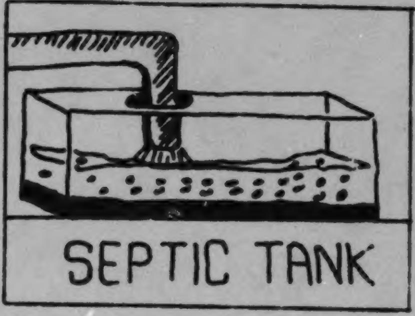
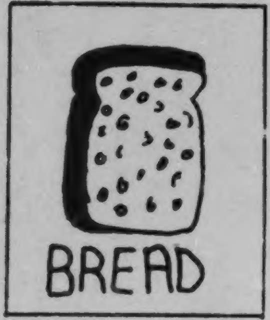
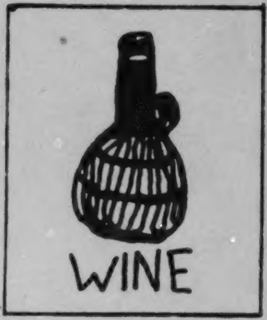
HELPFUL MICROORGANISMS

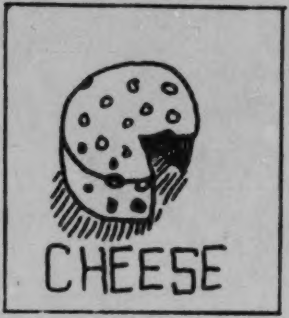

SOIL - NITROGEN


SEPTIC TANK

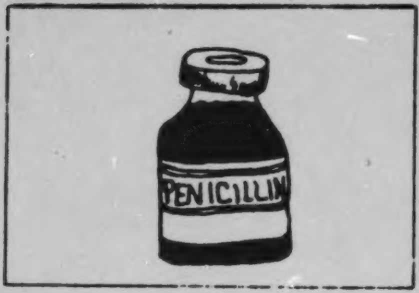
FOOD PREPARATION

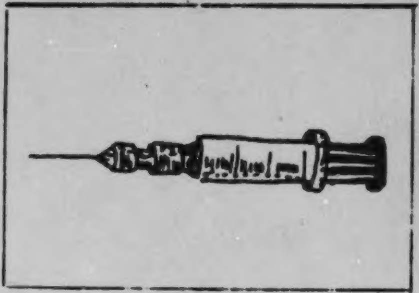






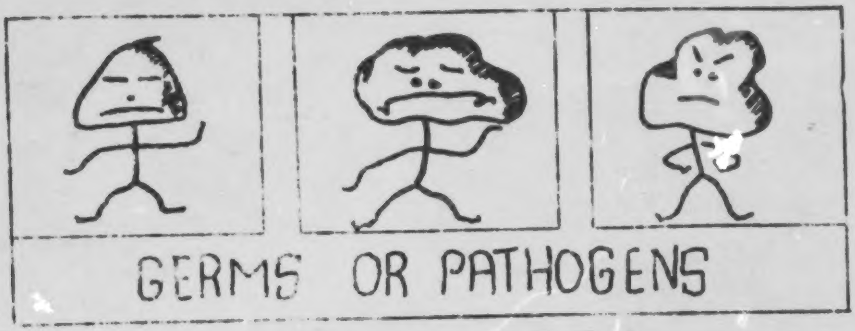
HEALING — PENICILLIN


PENICILLIN



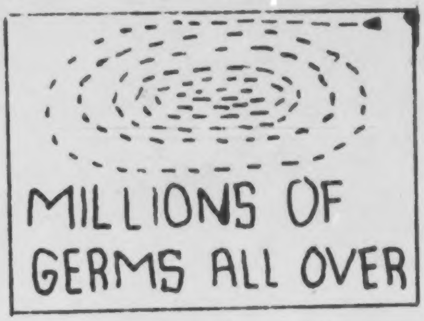
c 19[illegible]7

HARMFUL MICROORGANISMS

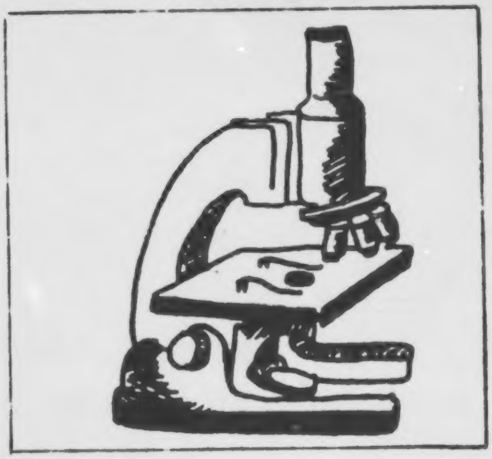

GERMS OR PATHOGENS

PATH - O - GEN
(DISEASE) (SMALL)

DISEASE CAUSING MICROORGANISMS


MILLIONS OF
GERMS ALL OVER

A MICROSCOPE IS NEEDED TO SEE THEM.



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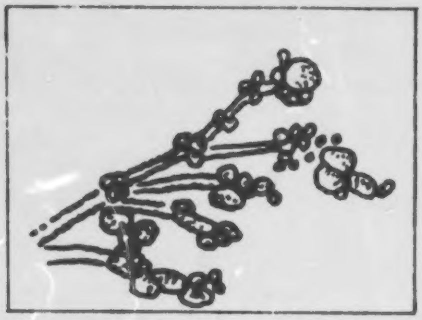
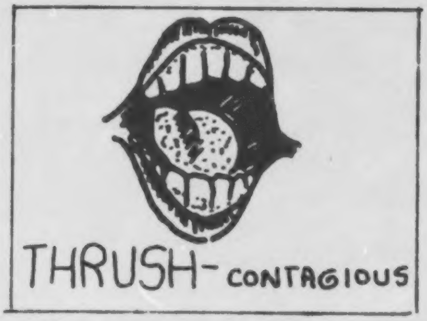
MICRO-SCOPIC PLANTS

FUNGI

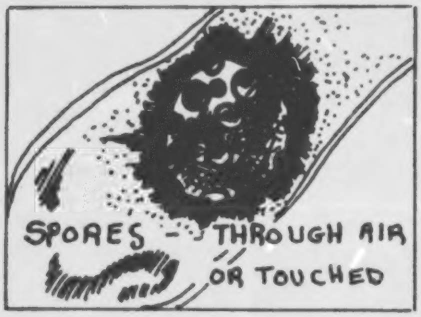
YEASTS ex. DISEASE

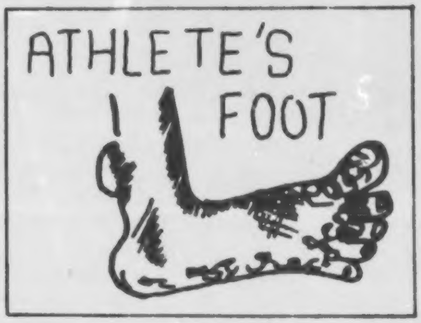


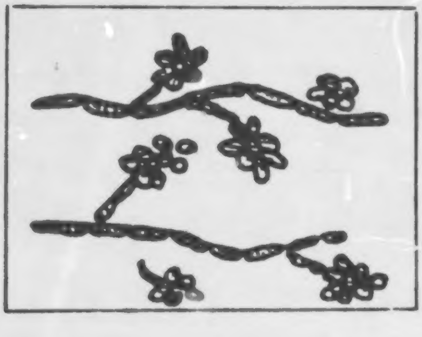

THRUSH- CONTAGIOUS

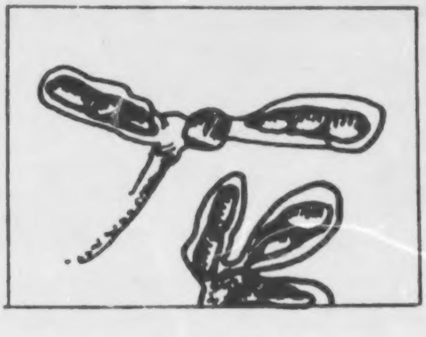
GROW BY BUDDING - SUGAR

MOLDS ex. DISEASE


SPORES - THROUGH AIR
OR TOUCHED


ATHLETE'S
FOOT





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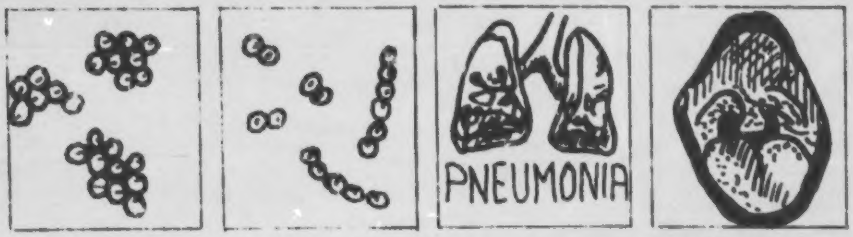
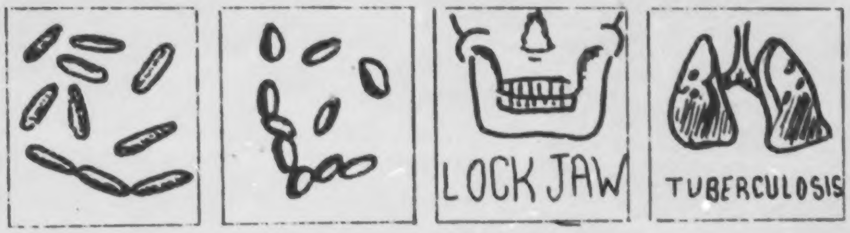
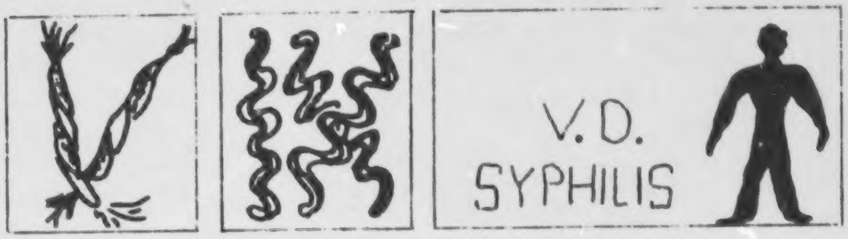
MICROSCOPIC PLANTS
BACTERIA



COCCI - (BERRY SHAPED) STREPTHROAT


LOCK JAW
TUBERCULOSIS

BACILLI - (LITTLE STICK)

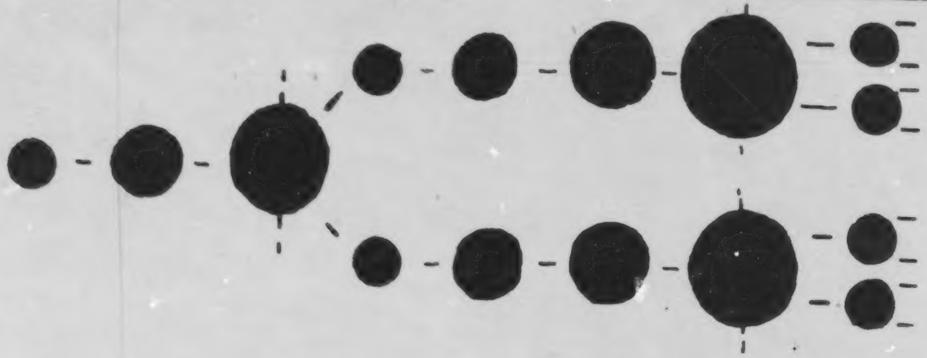

V.D.
SYPHILIS

CURVED RODS

SPIRILLA - (TWISTED)

SPIROCHETES - (COILED)

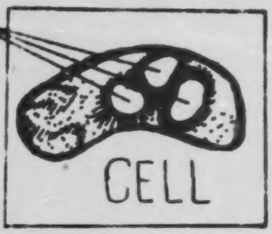
MOST MICROSCOPIC PLANTS REPRODUCE (MULTIPLY) THIS WAY



SPLITTING IN TWO

PROTECTIVE DEVICES

SOME HAVE HARD SHELLS
CALLED SPORES



THEY ARE HARD TO
DESTROY — example:

SOME BACILLI
SOME FUNGI

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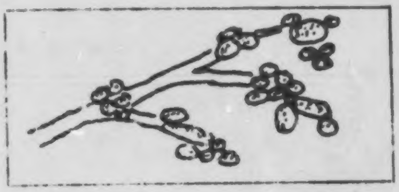
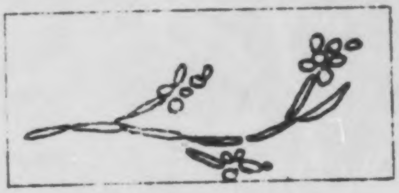
REVIEW OF PLANT MICROORGANISMS

FUNGI :

YEASTS

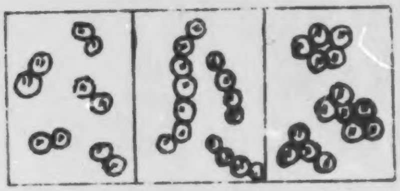


MOLDS

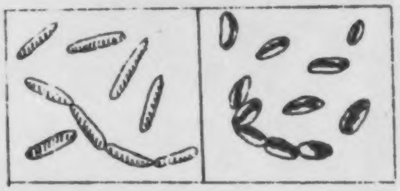


BACTERIA :

COCCI
(BERRY)

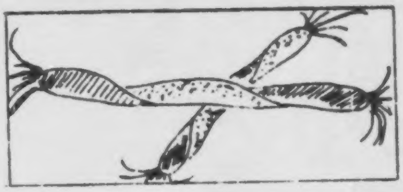


BACILLI
(LITTLE STICK)

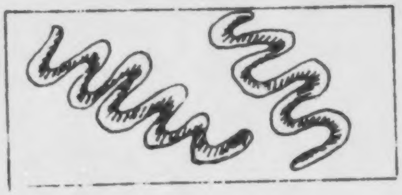


CURVED RODS:

SPIRILLA
(TWISTED)



SPIROCHETES
(COILED)



A - 2 - 1
Print # 7

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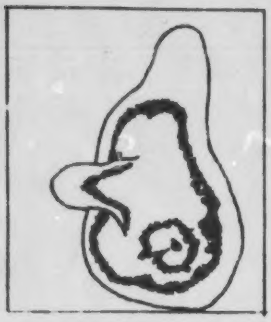
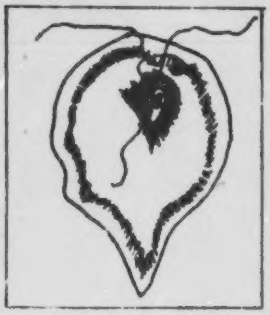
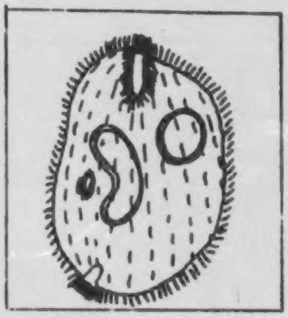
ANIMAL MICROORGANISMS

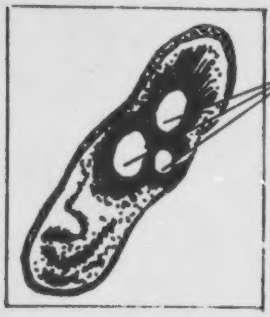
PROTOZOA:







FALSE FOOT-WHIP LIKE-HAIR COVERED

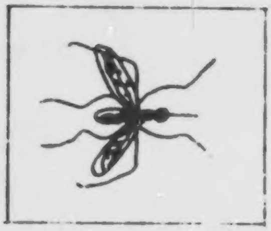


SPORE -(CANNOT MOVE)

DISEASE EXAMPLES:

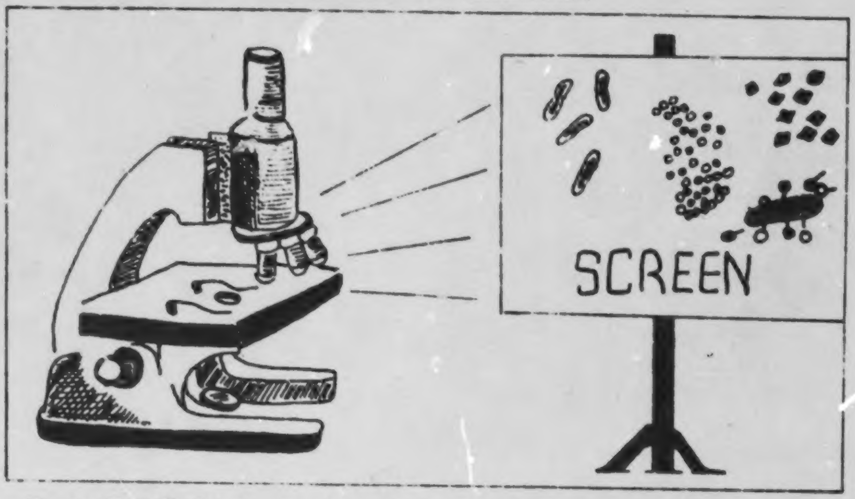
AMEBIC DYSENTERY } SEVERE DIGESTIVE DISORDER VOMITING AND DIARRHEA

MALARIA - DIGESTIVE PROBLEMS PLUS HIGH FEVER CARRIED BY MOSQUITOS



c 1977

UNCLASSIFIED MICROORGANISMS
VERY SMALL

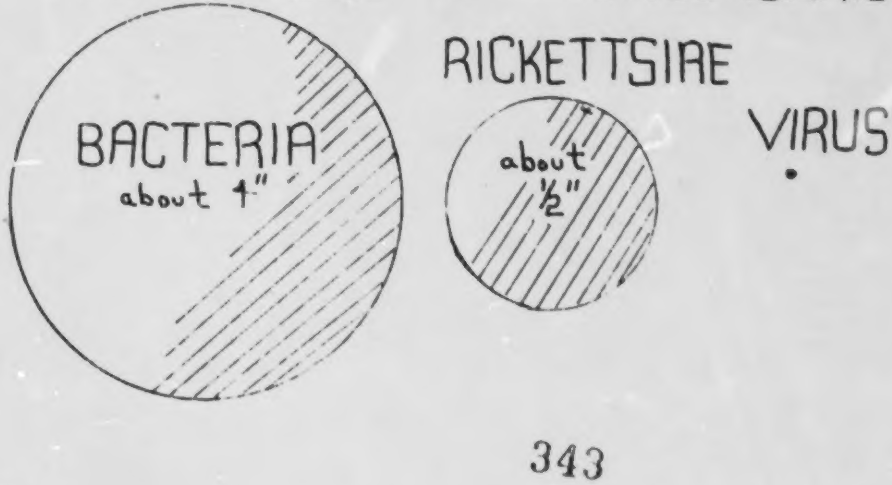


ELECTRON MICROSCOPE NEEDED TO IDENTIFY

TYPES:

RICKETTSIAE — SMALL
VIRUSES — TINY

COMPARISON OF MICROORGANISMS


BACTERIA
about 1"
RICKETTSIAE
about ½"
VIRUS

c 1977

UNCLASSIFED MICROORGANISMS

MICROORGANISM:

RICKETTSIAE

1. Dr. Ricketts discovered
2. Carried by insects or host that bites
3. Easily destroyed by heat

DISEASE:

- A. ROCKY MT. SPOTTED FEVER
- B. THYPHUS

VIRUSES

1. Once thought were poisons
2. Cannot be seen with Electron Microscope
3. Many still unknown

DISEASE:

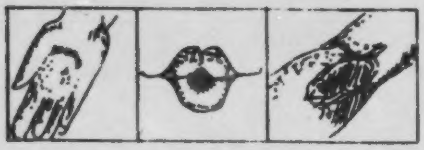
- A. MEASLES
- B. MUMPS
- C. CHICKEN POX
- D. COLDS
- E. PNEUMONIA
- F. HEPATITIS

c 1977

A - 2 - 1
Print # 10

WAYS PATHOGENS ARE SPREAD

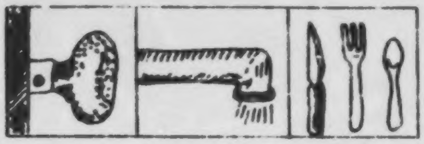
1. CONTACT —— DISEASE:



HANDS-KISSING-WOUNDS

SYPHLLIS
RING WORM
BOILS
ATHLETES FOOT

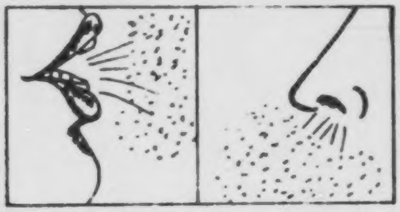
2. INDIRECT CONTACT- DISEASE:



DOOR KNOB - FAUCET-DIRTY UTENSILS

ARE LISTED
ABOVE

3. AIRBORNE —— DISEASE:



COUGHING - SNEEZE

COMMON COLD
STREP THROAT
INFLUENEA (FLU)
TUBERCULOSIS

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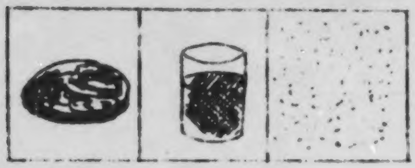
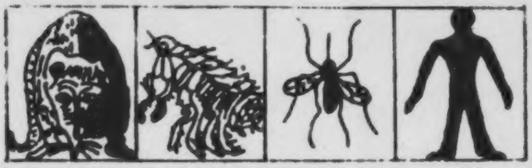
4. FOMITE (non-living matter)



FOOD-WATER-DUST

DISEASE:
FOOD POISONING
THYPHOID FEVER

5. VECTOR (living carrier)



RAT-FLEA-MOSQUITO-HUMAN

DISEASE:
ROCKY MT. SPOTTED
FEVER
BUBONIC PLAGUE

© 1977

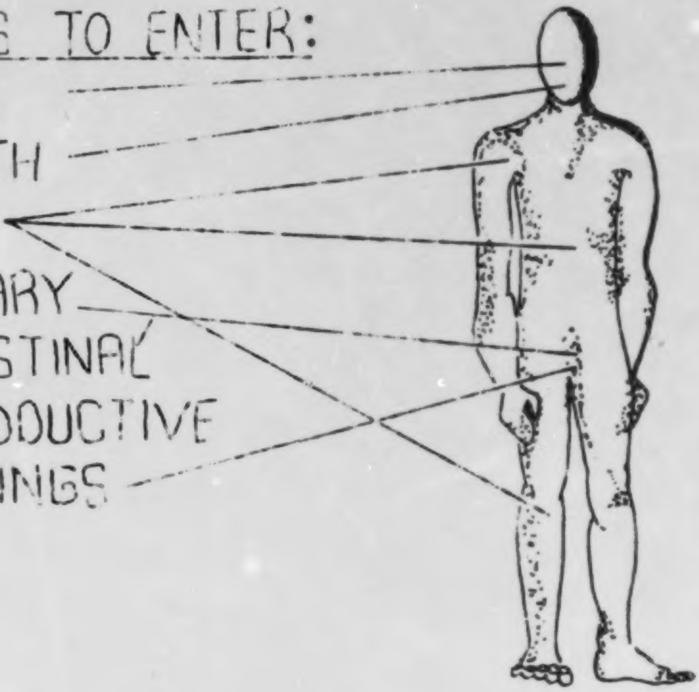
PATHOGENS AND THE HUMAN BODY

ENVIRONMENT:

WARMTH
MOISTURE
DARK
FOOD
OXYGEN

WAYS TO ENTER:

NOSE
MOUTH
SKIN
URINARY
INTESTINAL
REPRODUCTIVE
OPENINGS



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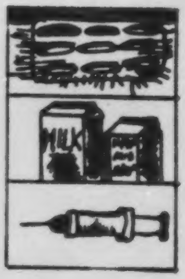
CONTROL OF MICROORGANISMS

PUBLIC HEALTH METHODS:

SEWAGE
PASTEURIZATION
IMMUNIZATION



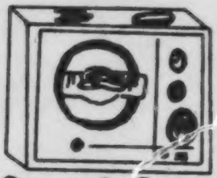
ASEPSIS

(without or slowing down of)

GERMS

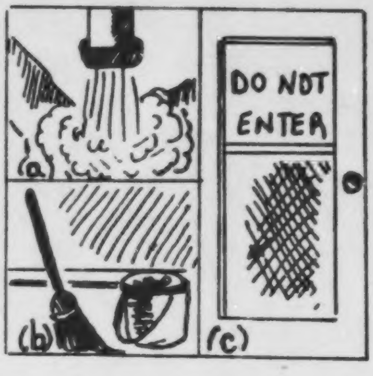
SURGICAL ASEPSIS - (WITHOUT)

STERILE - STERILIZER



MEDICAL ASEPSIS - (SLOW DOWN)

(a) HAND WASHING
(b) SUFACE CLEANING
(c) ISOLATION



PROJECT H.O.P.E.

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MODULE # A B C D "C" 2-2

MEDICAL ASEPSIS - - WHAT IT IS

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

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These prints are for the teacher's use in making transparencies, student handouts and additional material. There are color slides and a sequenced audio-tape that also accompany the module.

MEDICAL ASEPSIS - WHAT IT IS

GOAL

Why study this module? Physical health is important to everyone. Knowing what causes illnesses and what can be done to avoid them is one of the main ways to stay healthy. Some of the illnesses people have are caused by germs (disease causing microorganisms). In order to keep oneself and the patient as free from germs as possible every health worker should know:

1. common ways germs are spread
2. different methods used in controlling the spread of germs
3. specific details of the method of control that should be used by all health workers, namely, medical asepsis

All of these factors are covered in this module.

TURN TO NEXT PAGE

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.

HOE

USE OF LEARNING MODULES

INSTRUCTIONS

1. Read through the objective on page one (1) so that you know what your goal is for the module.

2. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

3. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

4. If you do not wish to take the master test, examine each option offered to determine which group of resources best meet your needs. Remember, all resources in a given option must be completed for you to take the master test.

5. Select an option of resources and then turn to the page where that option begins.

6. After turning to the option of your choice, take a few moments to read through each activity listed. Be sure to ask your teacher for explanation of any activity you do not understand.

7. When you understand what you are to do, proceed with the activities of the option you have selected.

Project H.O.P.E., Fall 1976, by Phyllis Bilger, R.N.
FUNDED BY: STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

HOE

MEDICAL ASEPSIS -- WHAT IT IS

Your goal for this module is:

OBJECTIVE

You will be given a check list on medical asepsis errors and in four (4) minutes or less you will:

1. Observe a picture that contains medical asepsis errors
2. Mark the medical asepsis errors, that you see on your check list
3. Obtain at least 80% accuracy in identifying the medical asepsis errors

GO ON TO PAGE 2

A B C D "C" 2 - 2

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HOE

RESOURCES

To help you reach your goal, select one of the following options:

OPTION A

TEACHER: Lecture
"Medical Asepsis for the Health Worker"

TEXT: Nursing Skills for the Allied Health Services, pp. 124 - 126

TRANSPARENCIES: A B C D "C" 2 - 2 1 - 10
"Medical Asepsis for the Health Worker"

CHECK LIST ASSIGNMENT:
"Medical Asepsis Errors"

FOR THIS OPTION, GO TO PAGE 4

RESOURCES

OPTION B

AUDIO-TAPE: A B C D "C" 2 - 2
"Medical Asepsis for the Health Worker"

SLIDES: A B C D "C" 2 - 2 1 - 10
"Medical Asepsis for the Health Worker"

GROUP DISCUSSION:
"Importance of Medical Asepsis"

CHECK LIST ASSIGNMENT:
"Medical Asepsis Errors"

FOR THIS OPTION GO TO PAGE 7

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ACTIVITIES

OPTION A

1. Sign up for this option.
2. Read pages 124-126 in Nursing Skills for the Allied Health Services, before going to class.
3. Attend the lecture on "Medical Asepsis for the Health Worker" (check the schedule for time and room).
4. As you listen to the lecture and look at the transparencies, be sure to note:
    a. Common methods of microorganism disease transmission in a health care setting
        (1) your hands *
        (2) equipment (portable and permanent)
        (3) clothing
        (4) soiled linens
        (5) soiled tissues, towels, or dressings
        (6) food and water
        (7) dusty or dirty areas (floors, cupboards, etc.)
        (8) hair and accessories such as jewelry
        (9) skin and open areas
        (10) drainage from body openings (e.g., mouth, nose, ears, rectum, urinary meatus)

* (most common method)

GO ON TO PAGE 5

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ACTIVITIES

OPTION A

b. Methods of controlling transmission of disease causing microorganisms in a health care setting

- (1) Medical Asepsis
  - (a) definition of medical asepsis
  - (b) principles of medical asepsis
    - ((1)) prevention of spread of microorganisms from hospital equipment to patient or worker
    - ((2)) prevention of spread of microorganisms from patient to patient
    - ((3)) prevention of spread of microorganisms from worker to worker
    - ((4)) prevention of spread of microorganisms from worker to patient
  - (c) methods of establishing medical asepsis
    - ((1)) hand-washing technique
    - ((2)) surface cleaning
    - ((3)) isolation techniques
- (2) Surgical Asepsis
  - (a) definition of surgical asepsis
  - (b) methods of sterilization
  - (c) precautions for sterile equipment

GO ON TO PAGE 6

ACTIVITIES

OPTION A

5. Turn to page 13 in your module and follow the instructions for completing the check list for "Medical Asepsis Errors".

GO TO PAGE 13

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ACTIVITIES

OPTION B

1. Sign up for this option.

2. This option is designed for you to work independent of a large class group, but you should attempt to complete the module within the teacher's time limits.

3. You are to complete three (3) activities for this option.

   These activities are:

   a. listen to an audio-tape while you are looking at a series of slides

   b. participate in a group discussion

   c. complete a check list assignment

4. You may do the above activities in any order you wish, but all activities must be done.

   Instructions for each activity listed above begin on page 8.

GO ON TO PAGE 8

HOE

ACTIVITIES

OPTION B

INSTRUCTIONS FOR AUDIO-TAPE & SLIDES

1. When you are ready for the audio-tape and slides, contact the media clerk or your teacher and obtain:
    a. a cassette player
    b. audio-tape A B C D "C" 2 - 2
    "Medical Asepsis for the Health Worker"
    c. a slide projector
    d. slide set A B C D "C" 2 - 2
    "Medical Asepsis for the Health Worker"

2. Go to a study-carrell or designated area and:
    a. turn on the slide projector and focus for the first slide
    b. place the audio-tape in the tape player, turn on and adjust the volume
    c. listen to the tape and look at all the slides (instructions for advancing the slides are on the tape)

GO ON TO PAGE 9

HOE

ACTIVITIES

OPTION B

3. As you listen to the audio-tape and look at the slides, be sure to note:

   a. Methods of controlling spread of microorganisms.

      (1) your hands *

      (2) equipment (portable and permanent)

      (3) clothing

      (4) soiled linens

      (5) soiled tissues, towels or dressings

      (6) food and water

      (7) dusty or dirty areas (floors, cupboards, etc.,)

      (8) hair and accessories such as jewelry

      (9) skin and open areas

      (10) drainage from body openings (e.g. mouth, nose, ears, rectum, urinary meatus)

* (most common method)

GO ON TO PAGE 10

HOE

ACTIVITIES

OPTION B

b. Methods of controlling spread of disease causing microorganisms

- (1) Medical Asepsis
    - (a) definition of medical asepsis
    - (b) principles of medical asepsis
        - ((1)) prevention of spread of microorganisms from hospital equipment to patient or worker
        - ((2)) prevention of spread of microorganism from patient to patient
        - ((3)) prevention of spread of microorganisms from worker to worker
        - ((4)) prevention of spread of microorganisms from worker to patient
    - (c) Methods of establishing medical asepsis
        - ((1)) hand-washing techniques
        - ((2)) surface cleaning
        - ((3)) isolation technique
- (2) Surgical Asepsis
    - (a) definition of surgical asepsis
    - (b) methods of sterilization
    - (c) precautions

GO ON TO PAGE 11

INSTRUCTIONS

OPTION B

4. When you are finished with the audio-tape and slides, return them and the equipment to the media clerk or your teacher.

INSTRUCTIONS FOR GROUP DISCUSSION

1. Check the bulletin board for time(s) for group discussion. If there is more than one time, sign up for the one you wish to attend.

2. Before attending the group discussion, read the "Questions for Discussion" on page 12 and attempt to answer them to the best of your ability.

3. At the selected time, go to the proper place and actively participate in the group discussion.

INSTRUCTIONS FOR CHECK LIST ASSIGNMENT

For instructions for the check list assignment, turn to page 13.

* *

WHEN ALL ACTIVITIES ARE COMPLETED, GO TO PAGE 20

HOE

ACTIVITIES

OPTION B

QUESTIONS FOR GROUP DISCUSSION

1. If you were asked to take a survey of your home for the ten (10) most common places for disease causing microorganisms, where would they be?

2. If a member of your family had a contagious disease, list all the things you could do to prevent the spread of the disease.

3. In your community, are there certain times of the year when there are more contagious diseases than other? If so, when? Why?

4. What can you do to keep yourself and other members of your family as free as possible from diseases caused by microorganisms?

5. Would you need to be more careful around patients in the hospital than someone ill in your own home? If so, why? How?

GO TO THE ACTIVITY OF YOUR CHOICE

MEDICAL ASEPSIS ERRORS

INSTRUCTIONS

1. On pages 14 & 15 you will find 24 pictures of errors in medical asepsis.

2. On pages 16 & 17 you will find 24 statements of errors in medical asepsis.

3. Match the pictures and statements by placing the number of the picture on the blank space in front of each corresponding statement.

4. When you are finished, check your answers on page 18.

GO ON TO PAGE 14

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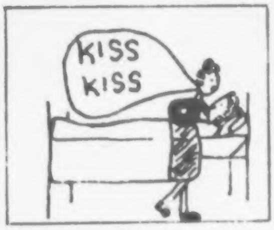
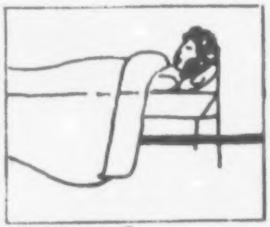
HOE

MATCH THE PICTURES WITH THE STATEMENTS

ACTIVITY



1



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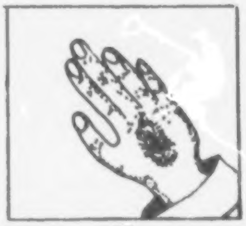

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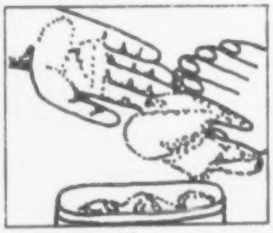

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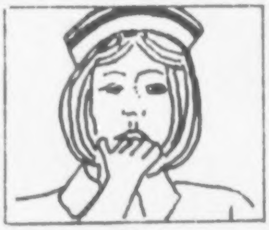

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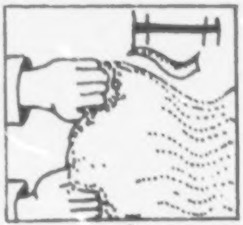

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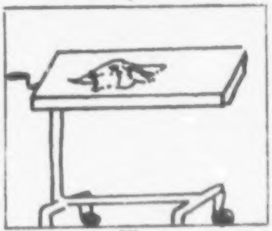

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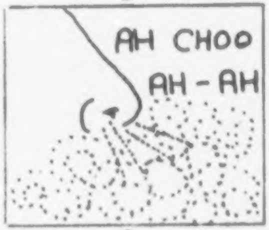
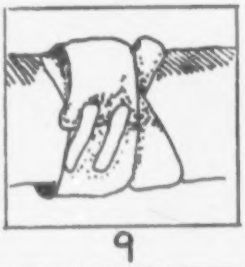

AH CHOO
AH - AH

8



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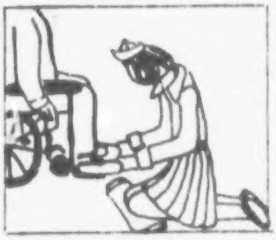

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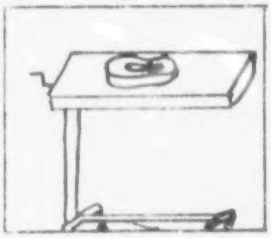

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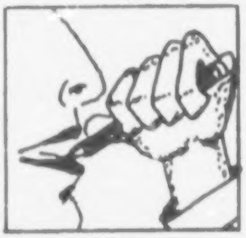


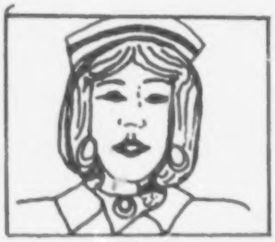
12

GO ON TO PAGE 15

HOE

MATCH THE PICTURES WITH THE STATEMENTS

ACTIVITY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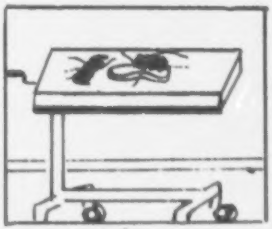
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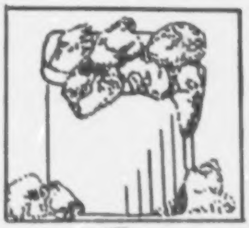
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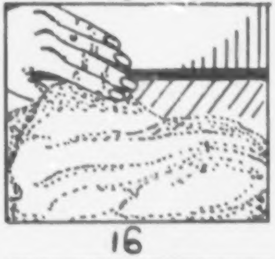
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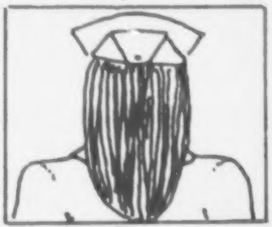
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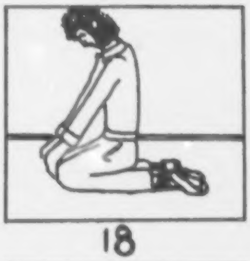
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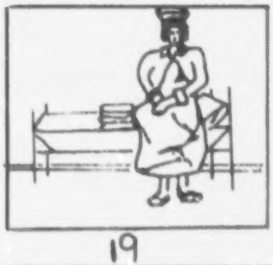
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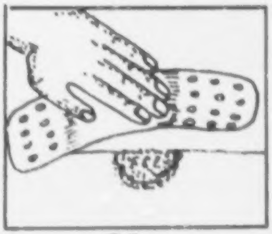
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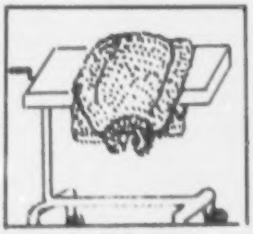
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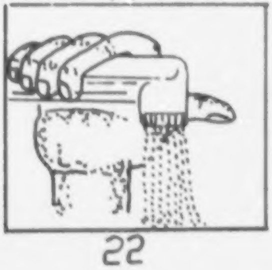
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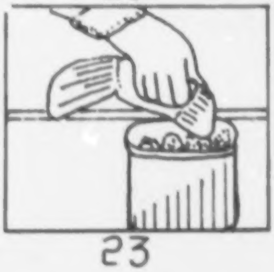
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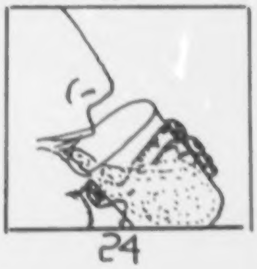

24

GO ON TO PAGE 16

STATEMENTS OF

MEDICAL ASEPSIS ERRORS

CHECK LIST

PICTURE #

______ 1. Soiled wash cloth lying on over-bed table

______ 2. Patient's top covers touching floor on one side

______ 3. Health worker's hair touching collar

______ 4. Bed pan sitting on over-bed table

______ 5. Health worker wearing improper jewelry

______ 6. Health worker holding soiled linens next to uniform

______ 7. Health worker having open sore on hand

______ 8. Waste basket overflowing with paper towels and waste products

______ 9. Visitor's wraps lying on over-bed table

______ 10. Health worker sneezing without covering face

______ 11. Health worker drinking out of patient's glass

______ 12. Health worker holding soiled pen in mouth

______ 13. Health worker biting fingernails

______ 14. Visitor kissing patient directly on the mouth

______ 15. Patient's dressing loose and floppy

______ 16. Patient's brush and comb lying on the over-bed table

______ 17. Health worker touching, in the wrong place, the bandaide she is applying

GO ON TO PAGE 17

STATEMENTS OF

MEDICAL ASEPSIS ERRORS

CHECK LIST

Picture #

______ 18. Health worker handling the water faucet with a bare hand

______ 19. Health worker "shaking out" bed linen while making the bed

______ 20. Health worker placing soiled linen on the floor

______ 21. Health worker disposing of soiled dressing or perineal pad in patient's waste basket

______ 22. Health worker's uniform touching the floor while she is stooping down to put patient's slippers on

______ 23. Health worker kneeling directly on floor without a protective towel or mat

______ 24. Health worker taking a soiled tissue directly from the patient and then placing it in the bag of waste container

GO ON TO PAGE 18

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.

ANSWERS FOR

MEDICAL ASEPSIS ERRORS

ACTIVITIES

PICTURE #	STATEMENT #	PICTURE #	STATEMENT #	PICTURE #	STATEMENT #
14	1.	15	9.	3	17.
2	2.	22	10.	23	18.
7	3.	4	11.	6	19.
24	4.	12	12.	17	20.
13	5.	5	13.	9	21.
19	6.	16	14.	18	22.
1	7.	8	15.	21	23.
10	8.	20	16.	11	24.

* *

OPTION A GO TO PAGE 19
OPTION B GO TO THE ACTIVITY
OF YOUR CHOICE

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.

OPTION A

INSTRUCTIONS

1. Check the teacher's master sheet to make certain you have completed all activities for this option.

2. If you feel you have reached your objective, ask your teacher for the "Master Test."

3. If you do not feel ready for the test, go on to OPTION B on page 7 of the module and do all the activities.

4. If you have completed OPTION A and OPTION B and do not feel ready for the test, see your teacher.

Project HOPE, written Spring 1976; revised 1976 by Phyllis Bilger, R.N.

INSTRUCTIONS

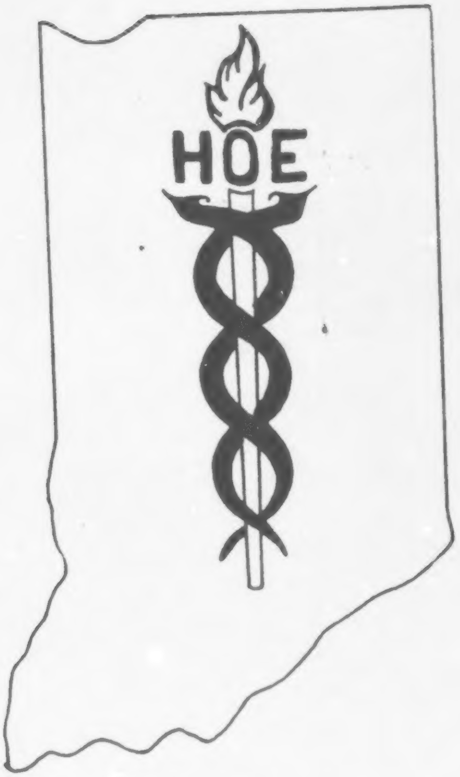
OPTION B

1. Check the teacher's master sheet to make certain you have completed all activities for this option.
2. If you feel you have reached your objective, ask your teacher for the "Master Test."
3. If you do not feel ready for the test, go to Option A on page 4 of the module and do all the activities.
4. If you have completed Option A and Option B and do not feel ready for the test, see your teacher.

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.

PROJECT H.O.P.E.

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77



MASTER TEST

MODULE #A B C D "C" 2 - 2

MEDICAL ASEPSIS - - WHAT IT IS

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

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MEDICAL ASEPSIS -- WHAT IT IS

MASTER TEST

INSTRUCTIONS

1. This test is a short observation test that is timed. You will have four (4) minutes in which to complete it.

2. On page 2 of the test is a picture entitled "Find What's Wrong?" On pages 3 & 4 is a list of statements describing medical asepsis errors.

3. When you are told to do so, turn to page 2 and place your name and the date on the proper lines.

4. When the media clerk or your teacher says "begin", look at the picture and find as many errors, in medical asepsis that you can.

5. For each error that you find, place a check mark on the blank space in front of the corresponding statement on page 3 or 4.

6. When time is called, proceed to the page given at the end of the test.

ABDC "C" 2 - 2

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.

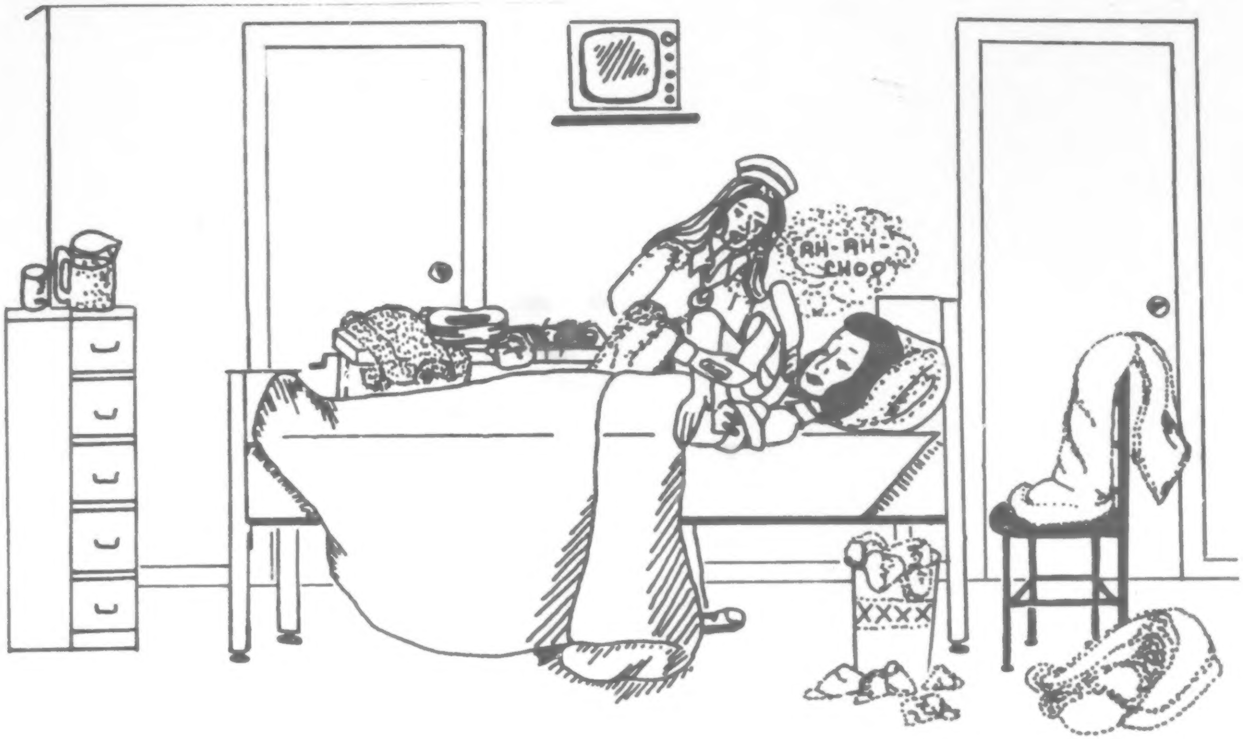
MEDICAL ASEPSIS - WHAT IT IS

NAME: ______________ DATE: ______________

MASTER TEST

HOPE

FIND WHAT'S WRONG



GO ON TO PAGE 3

Project HOPE, Fall 1976 by Helene Baker

299

A B C D "C" 2 - 2

HOE

MASTER TEST

STATEMENTS OF MEDICAL ASEPSIS ERRORS

CHECK EACH ONE THAT YOU SEE

______ 1. Soiled wash cloth lying on over-bed table

______ 2. Patient's top covers touching floor on one side

______ 3. Health worker's hair touching collar

______ 4. Bed pan sitting on over-bed table

______ 5. Health worker wearing improper jewelry

______ 6. Health worker holding soiled linens next to uniform

______ 7. Health worker having open sore on hand

______ 8. Waste basket overflowing with paper towels and waste products

______ 9. Visitor's wraps lying on over-bed table

______ 10. Health worker sneezing without covering face

______ 11. Health worker drinking out of patient's glass

______ 12. Health worker holding soiled pen in mouth

______ 13. Health worker biting fingernails

______ 14. Visitor kissing patient directly on the mouth

______ 15. Patient's dressing loose and floppy

______ 16. Patient's brush and comb lying on the over-bed table

______ 17. Health worker touching in the wrong place the bandaid she is applying

GO ON TO PAGE 4

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HOE

STATEMENTS OF
MEDICAL ASEPSIS ERRORS

MASTER TEST

_______ 18. Health worker handling the water faucet with a bare hand

_______ 19. Health worker "shaking out" bed linen while making the bed

_______ 20. Health worker placing soiled linen on the floor

_______ 21. Health worker disposing of soiled dressing or perineal pad in patient's waste basket

_______ 22. Health worker's uniform touching the floor while she is stooping down to put patient's slippers on

_______ 23. Health worker kneeling directly on floor without a a protective towel or mat

_______ 24. Health worker taking a soiled tissue directly from the patient and then placing it in the bag or waste container

GRADE _______________

WHEN YOU ARE FINISHED - GO ON TO PAGE 5

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INSTRUCTIONS

UPON COMPLETION OF THE MASTER TEST

1. Check your answers for the master test with the teacher or media clerk.

2. If you passed the master test for this module, consult your schedule for the module you should start next.

3. If you did not pass the master test and have not gone through the module, select one of the options and complete all the activities.

4. If you did not pass the master test, but have gone through OPTION A, go to OPTION B on page 7 and complete all the activities.

5. If you did not pass the master test, but have gone through OPTION B, go to OPTION A on page 4 and complete all the activities.

6. If you did not pass the master test, but have gone through both OPTION A and OPTION B, see your teacher.

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.

PROJECT H.O.P.E.

Prints

Project Number: 15-75-D 1975-76
16-76T-D-2 1976-77

MODULE # A B C D "C" 2 - 2

MEDICAL ASEPSIS - - WHAT IT IS

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MEDICAL ASEPSIS
WHAT IT IS

ASEPSIS?

WITHOUT GERMS
OR
PATHOGENS

MEDICAL ASEPSIS:

CONTROL OR SLOWING DOWN OF GERMS OR PATHOGENS

Project HOPE, Fall, 1976
By Helene Baker

Funded By: State Board of Vocational and Technical Education

THE WAY PATHOGENS - GERMS ARE SPREAD

EQUIPMENT

BED

BEDPAN

GLASS

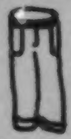
TABLE

CLOTHING

BATH ROBE

SLIPPERS

SHIRT

PANTS 

SOILED OBJECTS AND UTENSILS

TISSUES

SOILED DRESSING

TOWEL or WASH CLOTH

PLATE

GLASS

CUP

FORK SPOON

FOOD AND BEVERAGES

PUDDING

COFFEE

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By Helene Baker

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PLACES WHERE PATHOGENS OR GERMS CAN LIVE

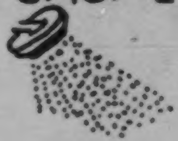
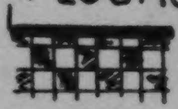
HUMAN FOOD SUPPLY

POTATOES - BREAD - MILK - MEAT

DARK AREAS

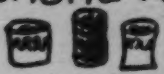
CLOSET -

- SHOWER - FLOORS

PLACES FOR WASTES

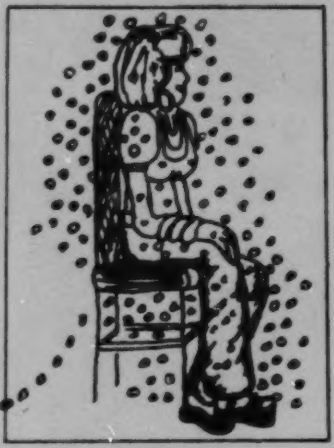
SINK - GARBAGE - WASTE BASKETS - TOILET



BEDPAN URINAL

WEARING APPAREL

HAIR - JEWELRY - CLOTHING - HANDS - SHOES



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By Helene Baker

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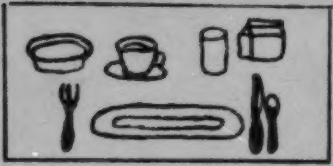
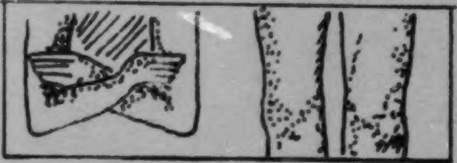
THE GERMS BEST FRIENDS

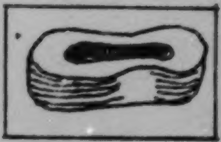
NOSE - MOUTH - HAIR

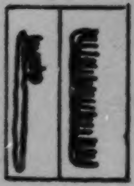
FOOD TRAY - ARMS AND LEGS



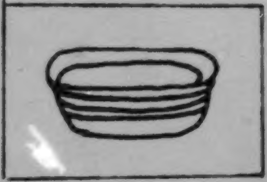


UNIFORM - BEDPAN - TOOTH-BRUSH - COMB-

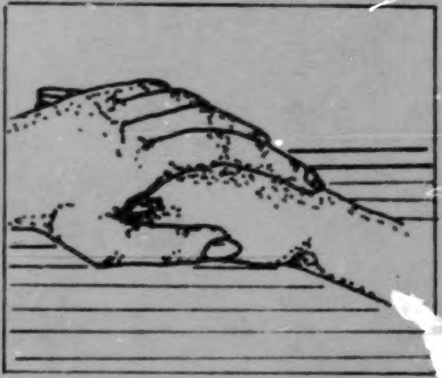




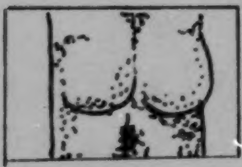
WASH BASIN



"OUR HANDS"



BACK SIDE



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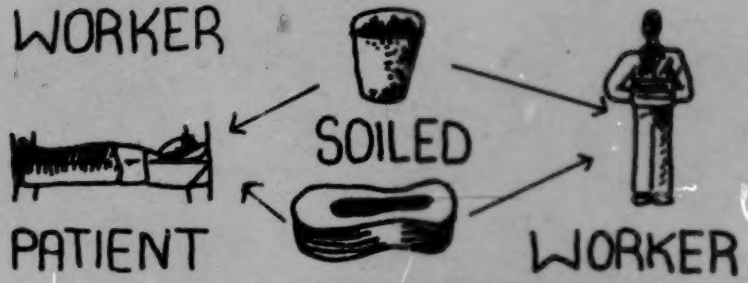
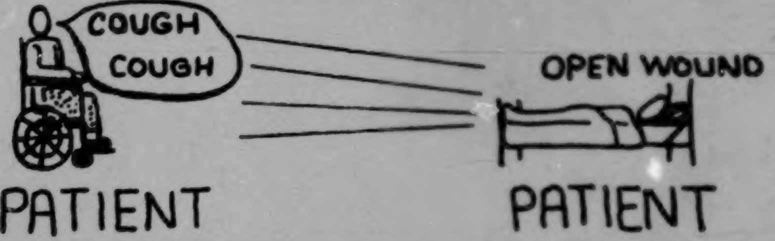
FOUR PRINCIPLES OF MEDICAL ASEPSIS

1. PREVENT SPREAD FROM EQUIPMENT TO PATIENT OR WORKER


SOILED
PATIENT
WORKER

2. PREVENT SPREAD FROM PATIENT TO PATIENT


COUGH
COUGH
OPEN WOUND
PATIENT
PATIENT

3. PREVENT SPREAD FROM WORKER TO WORKER

SEVEN YEAR ITCH

RUNNY NOISE

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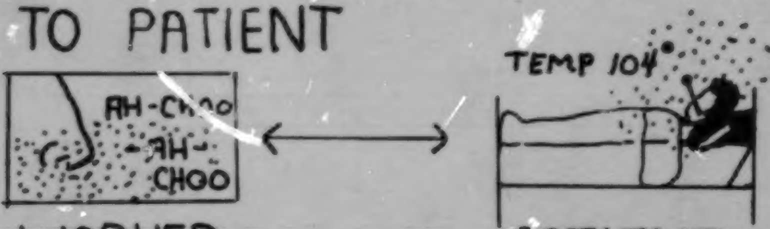
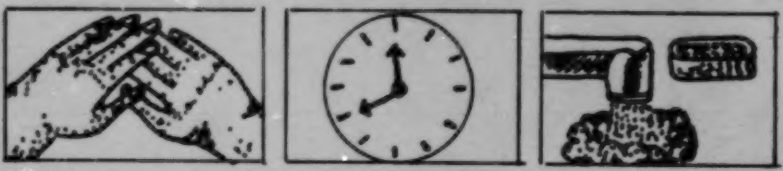
4. PREVENT SPREAD FROM WORKER TO PATIENT


AH-CHOO
-AH-
CHOO
TEMP 104°

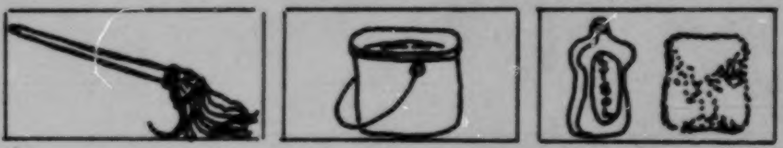
WORKER PATIENT

METHODS OF MEDICAL ASEPSIS

1. HAND WASHING –

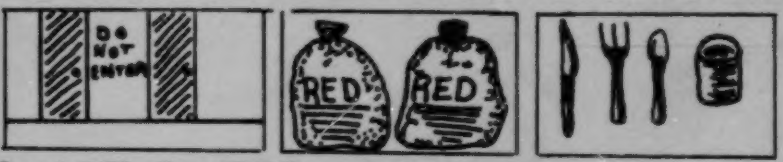


2. SURFACE CLEANING- (DISINFECTENT)



MOP— BUCKET- LYSOL- RAG

3. ISOLATION – DISPOSABLE UTENSILS


DO
NOT
ENTER
RED
RED

DO NOT ENTER – ISOLATION TRASH

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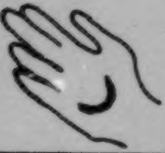
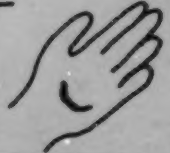
ALL GIVE PROTECTION

HAND WASHING - MOST IMPORTANT

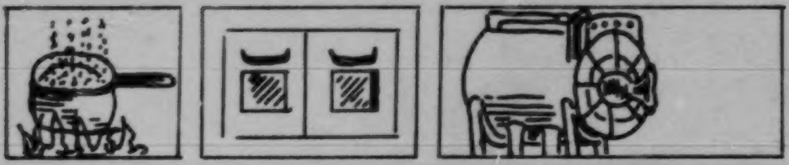




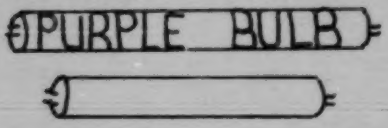
SURGICAL ASEPSIS (TOTALLY FREE OF GERMS)

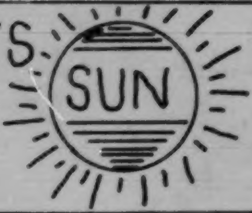
STERILE

1. HEAT or STEAM or DRY

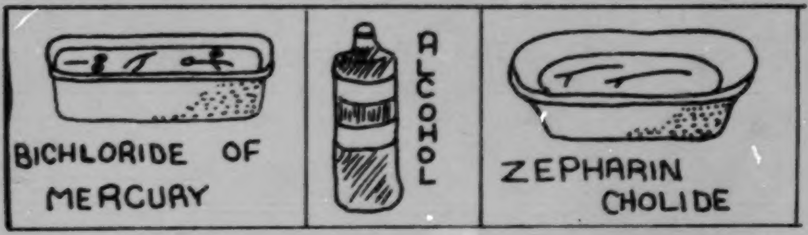


2. ULTRA-VIOLET RAYS


PURPLE BULB



3. CHEMICALS


BICHLORIDE OF MERCURY
ALCOHOL
ZEPHARIN CHOLIDE

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By Helene Baker

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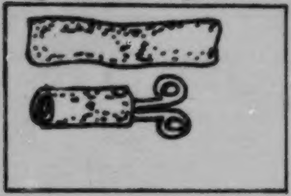
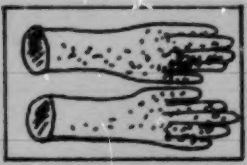
NEED FOR STERILE ITEMS

BANDAGES — INSTRUMENTS



SURGERY — SOLUTION

GLOVES AND GOWNS



DO NOT TOUCH

UNLESS TRAINED

Project HOPE, Fall, 1976
By Helene Baker

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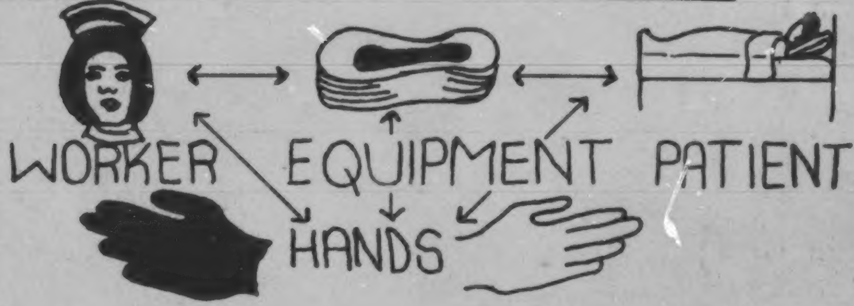
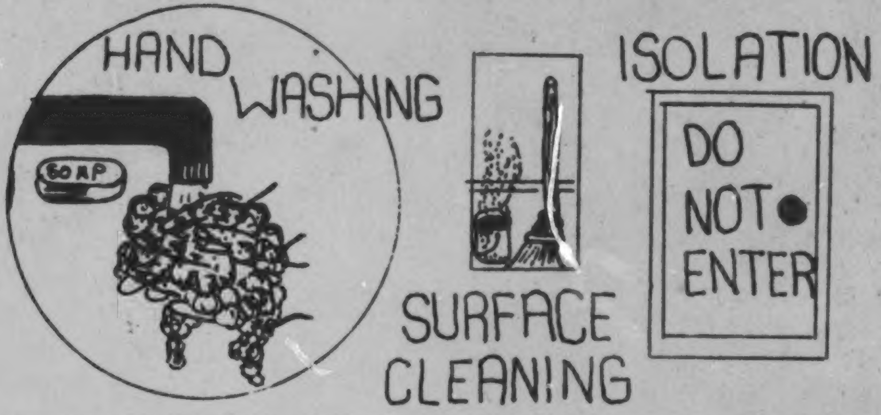
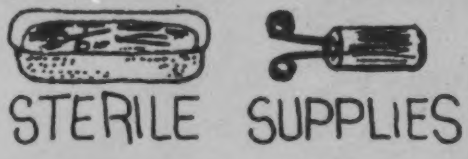
1. SPREAD OF PATHOGENS


WORKER
EQUIPMENT
PATIENT
HANDS

2. CONTROL PATHOGENS BY MEDICAL ASEPSIS


HAND WASHING
SOAP
SURFACE CLEANING
ISOLATION
DO NOT ENTER

3. DO NOT TOUCH-WITHOUT TRAINING


STERILE SUPPLIES

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By Helene Baker

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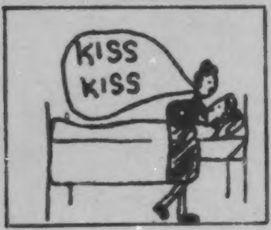
MATCH THE PICTURES WITH THE STATEMENTS

ACTIVITY



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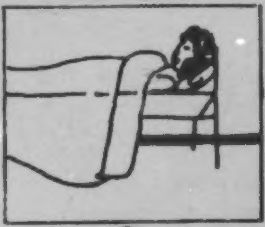
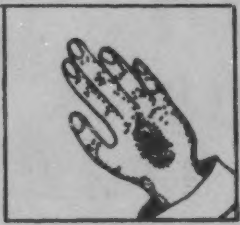


2



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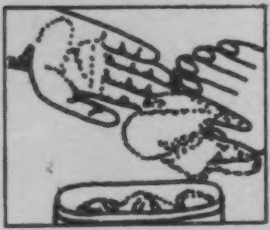

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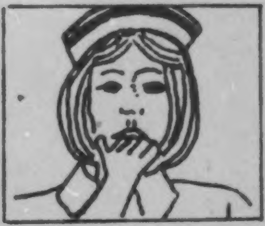

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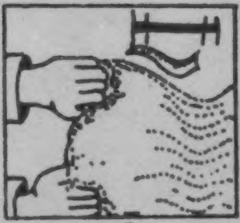

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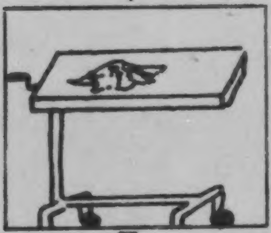

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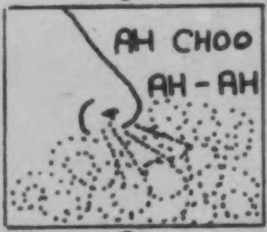
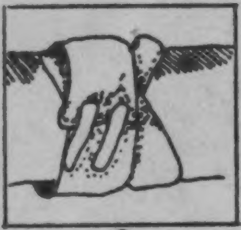
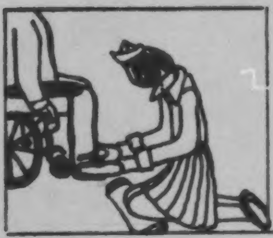

AH CHOO
AH - AH

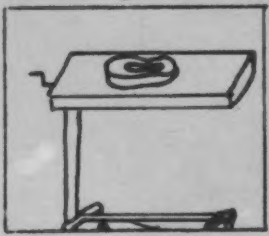
8



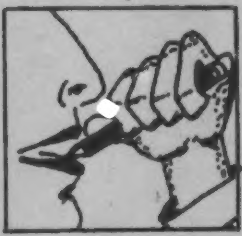
9



10



11



12

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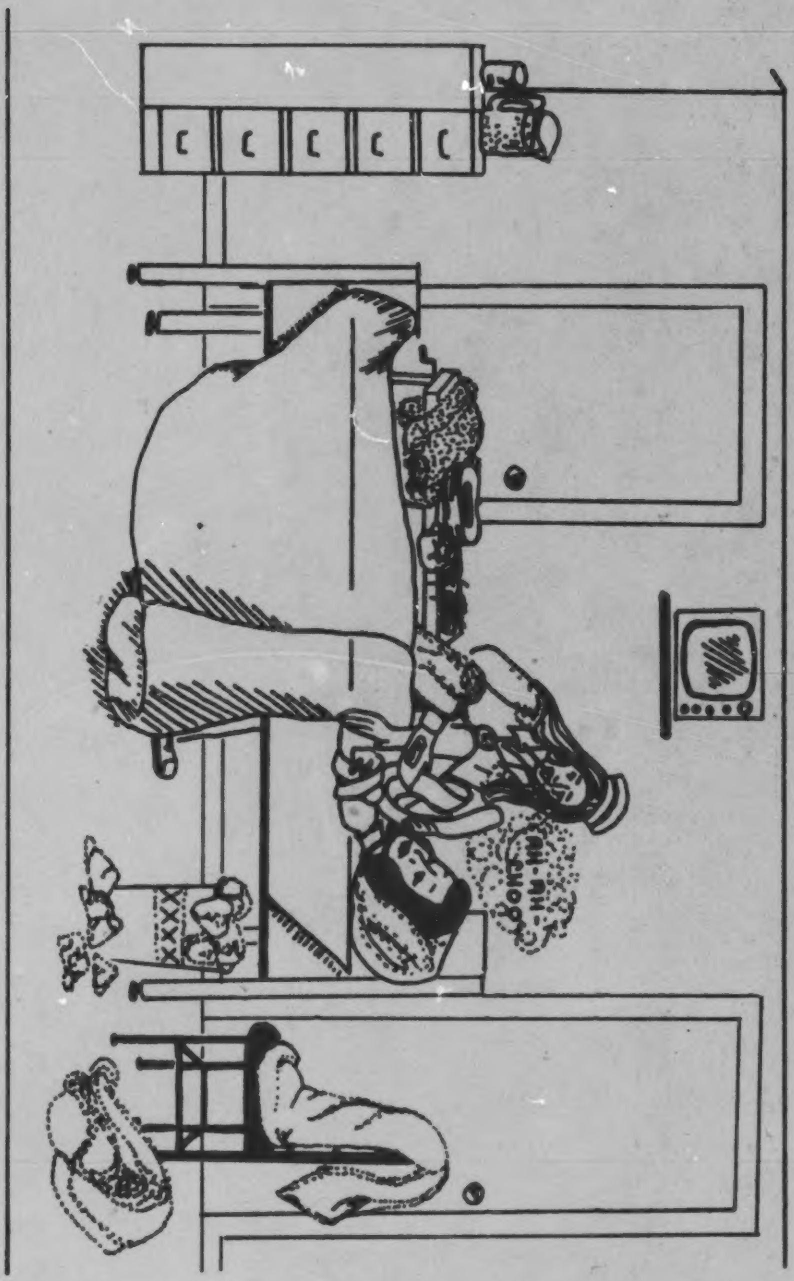
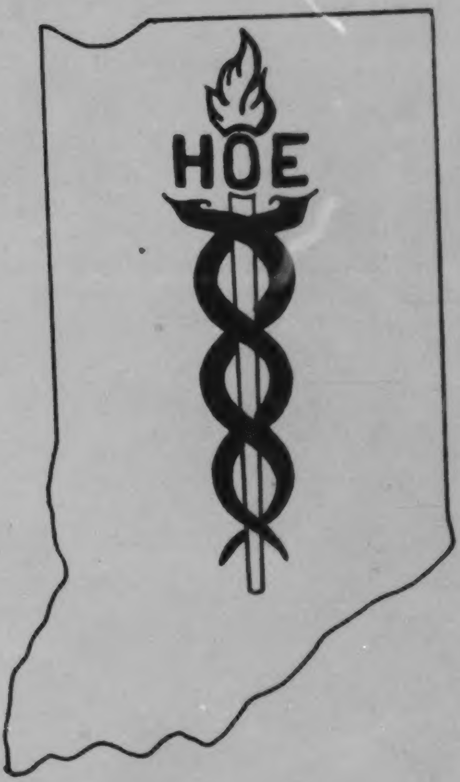


Project HOPE, Fall, 1976
By Helene Baker

Funded By: State Board of Vocational and Technical Education

PROJECT H.O.P.E.

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77



MODULE # A B C D " C" 2 - 3

HAND WASHING TECHNIQUE FOR MEDICAL ASEPSIS

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HAND WASHING TECHNIQUE FOR MEDICAL ASEPSIS

GOAL

Why study this module? Some of the illnesses people have are caused by germs (disease causing microorganisms). Germs can be spread from one person to another by numerous methods. All health workers must keep in mind that they have an obligation to do whatever they can to keep themselves and the patient as free from germs as possible.

One of the simplest and most effective methods used to prevent the spread of germs is proper hand washing. This module contains all the information needed by all health workers to make certain they are:

1. washing their hands in the proper manner
2. washing their hands at the right time
3. washing their hands for the current length of time

TURN TO NEXT PAGE

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USE OF LEARNING MODULES

INSTRUCTIONS

1. Read through the objective on page one (1) so that you know what your goal is for the module.

2. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

3. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

4. If you do not wish to take the master test, examine each option offered to determine which group of resources best meet your needs. Remember, all resources in a given option must be completed for you to take the master test.

5. Select an option of resources and then turn to the page where that option begins.

6. After turning to the option of your choice, take a few moments to read through each activity listed. Be sure to ask your teacher for explanation of any activity you do not understand.

7. When you understand what you are to do, proceed with the activities of the option you have selected.

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HAND WASHING TECHNIQUE FOR MEDICAL ASEPSIS

Your goal for this module consists of two (2) parts:

OBJECTIVE

1. You will be given the proper equipment and a check list for correct hand washing technique and will:
   - a. demonstrate correct hand washing technique within three (3) minutes;
   - b. maintain 100% accuracy according to the performance check list on p. 137 in Nursing Skills for the Allied Health Services.
2. You will be given a morning assignment sheet for a health care setting and will, with at least 75% accuracy:
   - a. decide if hand washing should be done. If it should be done, should it be before, after, or both for each assignment.
   - b. state the correct length of time hand washing should be done before, after, or both, according to the recommended time schedule given on p. 130 in Nursing Skills for the Allied Health Services.

GO ON TO PAGE 2

A B C D "C" 2 - 3

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To help you reach your goal, select one (1) of the following options:

RESOURCES

OPTION A

TEACHER: Lecture:
"Principles of Hand Washing Technique"
Demonstration: "Hand Washing Technique"

TEXT: Nursing Skills for the Allied Health Services, pp. 126 - 137.

TRANSPARENCIES: A B C D "C" 2 - 3 1 - 11
"Principles of Hand Washing Technique"

EXERCISE ASSIGNMENT:
"Schedule of a Health Worker"

STUDENT PARTNER:
Practice and Observe Hand Washing Technique

FOR THIS OPTION, GO TO PAGE 4

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HOE

RESOURCES

OPTION B

AUDIO-TAPE & SLIDES: A B C D "C" 2 - 3
"Principles of Hand Washing Technique"

DEMONSTRATION:
(1) Lippincott Film-Loop
"Handwashing"
or
(2) Teacher
"Hand Washing Technique"

EXERCISE ASSIGNMENT: "Schedule of a Health Worker"

STUDENT PARTNER: Practice and Observe Hand Washing Technique

FOR THIS OPTION, GO TO PAGE 6

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OPTION A

ACTIVITIES

1. Sign up for this option.

2. Read pp. 126 - 131 in Nursing Skills for the Allied Health Services, before going to class.

3. Do the post tests in Nursing Skills for the Allied Health Services on page 133 and page 135, before going to class. (Check your answers on page 134 and 136).

4. Attend the lecture and look at the transparencies on "Principles of Hand Washing Technique". (Check the schedule for time and room).

5. As you listen to the lecture be sure to note:
    a. review of ways in which microorganisms are spread
    b. rules for hand washing technique
        (1) who?
        (2) why?
        (3) when?
        (4) what?
        (5) how?

6. Observe the demonstration on "Hand Washing Technique". (Check schedule for time and room).

GO ON TO PAGE 5

OPTION A

ACTIVITIES

7. As you observe the demonstration be sure to note:

   a. equipment needed

      (1) sink or basin
      (2) type of soap
      (3) running or poured water
      (4) timer, clock or watch
      (5) paper towels
      (6) container for soiled towels

   b. different sources for soap

      (1) bar soap
      (2) squeeze bottle
      (3) wall-mounted hand dispenser
      (4) foot dispenser

   c. Proper method of operating faucets (a foot pedal) without cross-contamination

   d. proper method of obtaining soap without cross-contamination

   e. special instructions

      (1) elmination of jewelry
      (2) care of nails
      (3) check knuckles
      (4) choice of best type of soap
      (5) alterations in equipment

   f. proper method of friction and lathering to remove matter and dirt

   g. proper method of rinsing without contamination

   h. proper method of drying hands without contamination

   i. proper steps in performing hand washing technique correctly. (see pages 127-130 in Nursing Skills for the Allied Health Service, Vol I).

GO TO PAGE 11

OPTION B

ACTIVITIES

1. Sign up for this option.

2. This option has been designed for you to work independent of a large group, however, you should complete this module in the time limit set by your teacher.

3. There are four (4) activities for this module. Those activities are:

   a. listen to an audio-tape while looking at certain slides

   b. view a demonstration by film-loop or teacher

   c. practice hand washing technique according to a performance check list

   d. complete an exercise assignment

You may complete the activities in any order you wish, however all activities must be done. Instructions for each activity begin on page 7.

GO ON TO PAGE 7

OPTION B

ACTIVITIES

INSTRUCTIONS FOR AUDIO-TAPE & SLIDES

1. Ask the media-clerk or your teacher for:
   - a. a tape player
   - b. a 35 mm slide projector
   - c. audio-tape and 35 mm slides A B C D "C" 2 - 3

2. Go to a study carrell or designated area and:
   - a. turn on the slide projector and adjust the focus
   - b. put the audio-tape in the tape player, adjust the volume and turn on (you will be told when to change each slide)
   - c. as you listen to the audio-tape and look at the slides be sure to note:
     - (1) the principles of hand washing technique
       - (a) review ways microorganisms are spread
       - (b) rules for hand washing technique
         - ((1)) who?
         - ((2)) why?
         - ((3)) when?
         - ((4)) what?
         - ((5)) how?

TO ON TO PAGE 8

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OPTION B

ACTIVITIES

(2) different sources for soap

  ((a)) bar soap
  ((b)) squeeze bottle
  ((c)) wall mounted hand dispenser
  ((d)) foot dispenser

(3) proper method of operating faucets (or foot pedal) without cross-contamination

(4) proper method of obtaining soap without cross-contamination

(5) special instructions

  ((a)) elimination of jewelry
  ((b)) care of nails
  ((c)) attention to knuckles
  ((d)) choice of best type of soap
  ((e)) alterations in equipment

(6) proper method of friction and lathering to remove matter and dirt

(7) proper method of rinsing without contamination

(8) proper method of drying hands without contamination

(9) proper steps of performing hand washing technique correctly. (see pages 127-130 in Nursing Skills for the Allied Health Services, Vol. I)

GO ON TO PAGE 9

OPTION B

ACTIVITIES

3. When you are finished return the:

   a. tape recorder

   b. slide projector

   c. audio-tape and 35 mm slides
   A B C D "C" 2 - 3
   to the media clerk or your teacher

INSTRUCTIONS FOR DEMONSTRATION

1. If your teacher is to give you a demonstration on hand washing technique:

   a. sign up for the demonstration time you wish to attend

   b. go to the designated place at the correct time for the demonstration and be sure to note:

      (1) equipment needed

         (a) sink or basin
         (b) type of soap
         (c) running or poured water
         (d) timer, clock or watch
         (e) paper towels
         (f) container for soiled towels

GO ON TO PAGE 10

OPTION B

ACTIVITIES

2. If you are to get your demonstration by film-loop:
    a. ask your media clerk or your teacher for
        (1) the film loop projector
        (2) the film loop by Lippincott on "Handwashing"
    b. go to a study carrell or designated area and:
        (1) view the film loop
        (2) be sure to note any of those items listed in #1, b., pages 9 and 10
    c. when you are finished, return the film loop and projector

INSTRUCTIONS FOR PRACTICING HAND WASHING TECHNIQUE

Go to page 11 for instructions for hand washing technique

INSTRUCTIONS FOR EXERCISE ASSIGNMENT

Go to page 14 for instructions for "Schedule of a Health Worker"

* *

WHEN ALL ACTIVITIES ARE FINISHED GO ON TO PAGE 18

HAND WASHING TECHNIQUE

INSTRUCTIONS

1. During your scheduled laboratory time:
   a. have your partner observe you
   b. practice hand washing technique for medical asepsis using the performance check list on pages 12 and 13
   c. be sure to keep in mind those principles given in the lecture or audio-tape
2. Observe your partner performing hand washing technique

GO ON TO PAGE 12

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HOE

HAND WASHING TECHNIQUE CHECK LIST

ACTIVITIES

U	S		
______	______	1.	Approach sink so that clothing does not touch
______	______	2.	Turn on water correctly for facilities
______	______	3.	Adjust temperature and keep water running
______	______	4.	Wet hands with water, holding hands lower than elbows
______	______	5.	Apply soap thoroughly; under nails and between fingers
______	______	6.	Wash palms and backs of hands (10 rotary movements and 10 frictional movements)
______	______	7.	Wash fingers and spaces between them, interlacing fingers, rubbing them up and down for at least 10 strokes
______	______	8.	Rinse well, holding fingers down
______	______	9.	Moisten wrists; wash wrists and above wrists three or four inches, using rotary action (10-15 times each wrist)
______	______	10.	Rinse well, run water from wrists to fingers
______	______	11.	Repeat steps 5 - 10 (which makes 2 minute wash)

GO ON TO PAGE 13

HAND WASHING TECHNIQUE CHECK LIST

ACTIVITIES

U	S		
______	______	12.	Pay special attention to any problem areas, including knuckles
______	______	13.	Clean fingernails with orange stick or substitute
______	______	14.	Dry thoroughly with paper towel, from wrists to finger tips
______	______	15.	Turn off water correctly for facilities and discard paper towel into receptacle
______	______	16.	Perform demonstration within 3 minutes

* *

(To pass the test on hand washing technique you must have all items marked satisfactory on this check list)

OPTION A GO TO PAGE 14
OPTION B GO TO ACTIVITY
OF YOUR CHOICE

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INSTRUCTIONS

In order to complete the "Schedule of a Health Worker" on page 15 you will need to:

1. Turn to page 130 in *Nursing Skills for the Allied Health Services*, Vol. I and look at the recommended handwashing time schedule at the bottom of the page
2. Pretend you are a health worker assigned to care for four (4) patients, A, B, C, and D from 7:00 a.m. until 12:00 noon
3. Look at the "Schedule of a Health Worker" on page 15 and:
   a. place a check in the proper space (before, after or both) if hand washing should be done
   b. state how long hand washing should be done, if checked

GO ON TO PAGE 15

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SCHEDULE OF A HEALTH WORKER

ACTIVITIES

NO.	TIME	ASSIGNMENT	HAND WASHING			TIME
				YES	NO	
1.	7:00 a.m.	Report on Duty	Before			
			After			
2.	7:05 a.m.	Receive Assignment	Before			
			After			
3.	7:30 a.m.	Get Linens and Supplies	Before			
			After			
4.	7:45 a.m.	Take Patient "A's" Vital Sign	Before			
			After			
5.	8:00 a.m.	Bed Pan Patient "B"	Before			
			After			
6.	8:15 a.m.	Wash Patient "A's" Face and Hands	Before			
			After			
7.	8:30 a.m.	Serve Breakfast to Patient "B"	Before			
			After			
8.	8:40 a.m.	Give Patient "A" a Bath	Before			
			After			
9.	9:30 a.m.	Make bed for Patient "C"	Before			
			After			
10.	10:00 a.m.	Take Break (Snack Bar, then Bathroom)	Before			
			After			
11.	10:30 a.m.	Chart	Before			
			After			
12.	11:00 a.m.	Clean Isolation Unit	Before			
			After			
13.	11:30 a.m.	Admit Patient "D"	Before			
			After			
14.	12 noon	Go to Lunch	Before			
			After			

CHECK YOUR ANSWERS ON PAGE 16

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SCHEDULE OF A HEALTH WORKER

ACTIVITIES

ANSWERS:

* *

1. BEFORE - No; AFTER - Yes - 2 minutes
2. BEFORE - No; AFTER - No
3. BEFORE - Yes - 30 seconds; AFTER - No
4. BEFORE - Yes - 30 seconds; AFTER - Yes - 30 seconds
5. BEFORE - Yes - 30 seconds; AFTER - Yes - 60 seconds
6. BEFORE - Yes - 30 seconds; AFTER - Yes - 30 seconds
7. BEFORE - Yes - 30 seconds; AFTER - Yes - 30 seconds
8. BEFORE - Yes - 30 seconds; AFTER - Yes - 30 seconds
9. BEFORE - Yes - 30 seconds; AFTER - Yes - 30 seconds
10. BEFORE - Yes - 30 seconds; AFTER - Yes - 60 seconds
11. BEFORE - No; AFTER - Yes - 30 seconds
12. BEFORE - Yes - 30 seconds; AFTER - Yes - 60 seconds
13. BEFORE - Yes - 30 seconds; AFTER - Yes - 30 seconds
14. BEFORE - Yes - 30 seconds; AFTER - Yes - 30 seconds

OPTION A GO TO PAGE 17
OPTION B GO TO THE ACTIVITY
OF YOUR CHOICE

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OPTION A

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities.

2. If all activities are completed and you feel you have reached the objective, ask your teacher to take the "master test".

3. If you do not feel ready to take the "master test", go to OPTION B on page 6 and complete all the activities.

4. If you have completed OPTION A and OPTION B and do not feel ready to take the "master test", see your teacher.

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OPTION B

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities.

2. If all activities are completed and you feel you have reached the objective, ask your teacher to take the "master test".

3. If you do not feel ready to take the "master test" go to OPTION A on page 4 and complete all the activities.

4. If you have completed OPTION A and OPTION B and do not feel ready to take the "master test", see your teacher.

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Project Number: 51-75-D 1975-76
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MASTER TEST

MODULE # A B C D "C" 2 - 3

HAND WASHING TECHNIQUE FOR MEDICAL ASEPSIS

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HOE

MASTER TEST

INSTRUCTIONS

1. This test consists of two (2) parts:
   a. a "Schedule for a Health Worker" in which you will check if hand washing should or should not be done for different assignments on page 2
   b. a demonstration of correct hand washing technique using the enclosed check list on pages 3 & 4
2. Before beginning the test, check with your teacher about doing your demonstration.
3. If you are to perform the demonstration first:
   a. go to the performance testing area
   b. turn to page 4
   c. write your name and date on the proper spaces
   d. take this test booklet to your teacher
   e. perform your demonstration
4. If you are to do the "Schedule for a Health Worker" first:
   a. go to the written testing area
   b. turn to page 2
   c. write your name and date on the proper spaces
   d. when the teacher or media clerk says "begin", complete the "Schedule for a Health Worker"

A B C D "C" 2 - 3

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NAME:______________________________ DATE:______________

MASTER TEST

1. You, a health care worker, are assigned to work in the new born nursery. Below is your schedule for the morning. According to proper hand washing routine, indicate, in the spaces provided below, if hand washing should be done and if so, for how long.

"Schedule For A Health Worker"

NO.	TIME	ASSIGNMENT	HAND WASHING			TIME
				YES	NO	
1.	7:00 a.m.	Enter Nursery	Before			
			After			
2.	7:05 a.m.	Organize Supplies	Before			
			After			
3.	7:30 a.m.	Bathe Baby Smith	Before			
			After			
4.	8:00 a.m.	Diaper Baby Fair	Before			
			After			
5.	8:15 a.m.	Set Up Exam Room	Before			
			After			
6.	8:45 a.m.	Clean Isolation Unit	Before			
			After			
7.	9:15 a.m.	Dismiss Baby Miller	Before			
			After			
8.	9:45 a.m.	Take Break (Go to Bathroom, then Snack Bar)	Before			
			After			
9.	10:15 a.m.	Give Baby Bath Demonstration to 3 New Mothers	Before			
			After			
10.	10:45 a.m.	Morning Charting	Before			
			After			
11.	11:15 a.m.	Admit Baby Jones	Before			
			After			
12.	11:45 a.m.	Diaper Baby Ross	Before			
			After			
13.	12 noon	Lunch	Before			
			After			

SCORE ________________

GO ON TO PAGE 3

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HOE

MASTER TEST

INSTRUCTIONS

1. If you have not performed the demonstration:
   a. go to the performance testing area
   b. turn to page 4
   c. write your name and date on the proper spaces
   d. take this test booklet to your teacher
   e. perform your demonstration
2. If you have performed the demonstration;
   turn to page 7

FOLLOW INSTRUCTIONS ACCORDINGLY

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NAME: ______________________ DATE: ______________

2. Present this check list to your teacher at the time of testing

MASTER TEST

HAND WASHING TECHNIQUE CHECK LIST

U	S		
______	______	1.	Approaches sink so that clothing does not touch
______	______	2.	Turns on water correctly for facilities
______	______	3.	Adjusts temperature and keeps water running throughout demonstration
______	______	4.	Wets hands with water, holding hands lower than elbows
______	______	5.	Applies soap thoroughly; under nails and between fingers
______	______	6.	Washes palms and backs of hands (10 rotary movements and 10 frictional movements)
______	______	7.	Washes fingers and spaces between them, interlacing fingers, rubbing them up and down for at least 10 strokes
______	______	8.	Rinses well, holding fingers down
______	______	9.	Moistens wrists; washes wrists and above three or four inches using rotary action (10-15 times each wrist)
______	______	10.	Rinses well, runs water from wrists to fingers
______	______	11.	Repeats steps 5-10 (which makes 2 minute wash)

GO ON TO PAGE 5

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HAND WASHING TECHNIQUE CHECK LIST

MASTER TEST

U	S		
______	______	12.	Pays special attention to any problem areas, including knuckles
______	______	13.	Cleans fingernails with orange stick or substitue
______	______	14.	Dries thoroughly with paper towel from wrist to finger tips
______	______	15.	Turns off water correctly for facilities and discards towel into receptacle
______	______	16.	Performs demonstration within 3 minutes

SCORE ____________________

GO ON TO PAGE 6

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HOE

MASTER TEST

INSTRUCTIONS

1. If you have not completed the "Schedule for a Health Worker":
    - a. go to the written testing area
    - b. turn to page 2
    - c. write your name and date on the proper spaces
    - d. when the teacher or media clerk says "begin", complete the "Schedule for a Health Worker"

2. If you have completed "Schedule for a Health Worker", go to page 7

FOLLOW INSTRUCTIONS ACCORDINGLY

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INSTRUCTIONS

UPON COMPLETION OF THE MASTER TEST

1. Check and/or record your answers for the master test with the teacher or media clerk.

2. If you passed the master test for this module, consult your schedule for the module you should start next.

3. If you did not pass the master test and have not gone through the module, select one of the options and complete all the activities.

4. If you did not pass the master test, but have gone through OPTION A, go to OPTION B on page 6 and complete all the activities.

5. If you did not pass the master test, but have gone through OPTION B, go to OPTION A on page 4 and complete all the activities.

6. If you did not pass the master test, but have gone through both OPTION A and OPTION B, see your teacher.

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PROJECT H.O.P.E.

PRINTS

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MODULE # A B C D "C" 2 - 3

HAND WASHING TECHNIQUE FOR MEDICAL ASEPSIS

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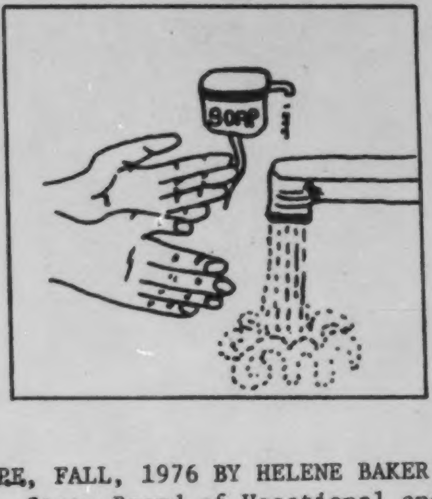
THE PRINCIPLES OF HAND WASHING TECHNIQUE



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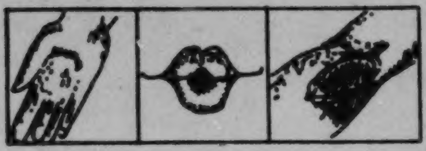
WAYS PATHOGENS ARE SPREAD

1. CONTACT —— DISEASE:

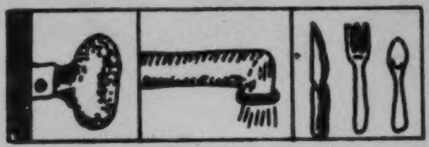


HANDS-KISSING-WOUNDS

SYPHLLIS
RING WORM
BOILS
ATHLETES FOOT

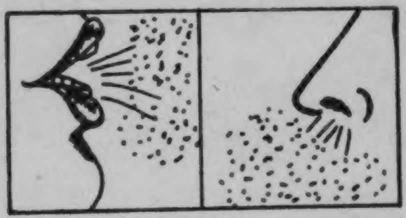
2. INDIRECT CONTACT- DISEASE:

ARE LISTED ABOVE



DOOR KNOB - FAUCET-DIRTY UTENSILS

3. AIRBORNE —— DISEASE:



COUGHING - SNEEZE

COMMON COLD
STREP THROAT
INFLUENEA (FLU)
TUBERCULOSIS

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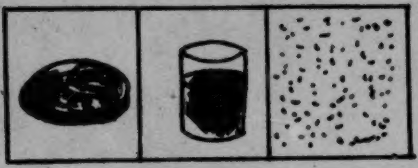
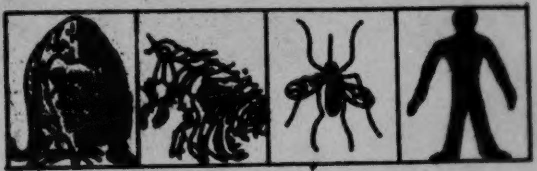
4. FOMITE (non-living matter)



FOOD-WATER-DUST

DISEASE:
FOOD POISONING
THYPHOID FEVER

5. VECTOR (living carrier)



RAT-FLEA-MOSQUITO-HUMAN

DISEASE:
ROCKY MT. SPOTTED
FEVER
BUBONIC PLAGUE

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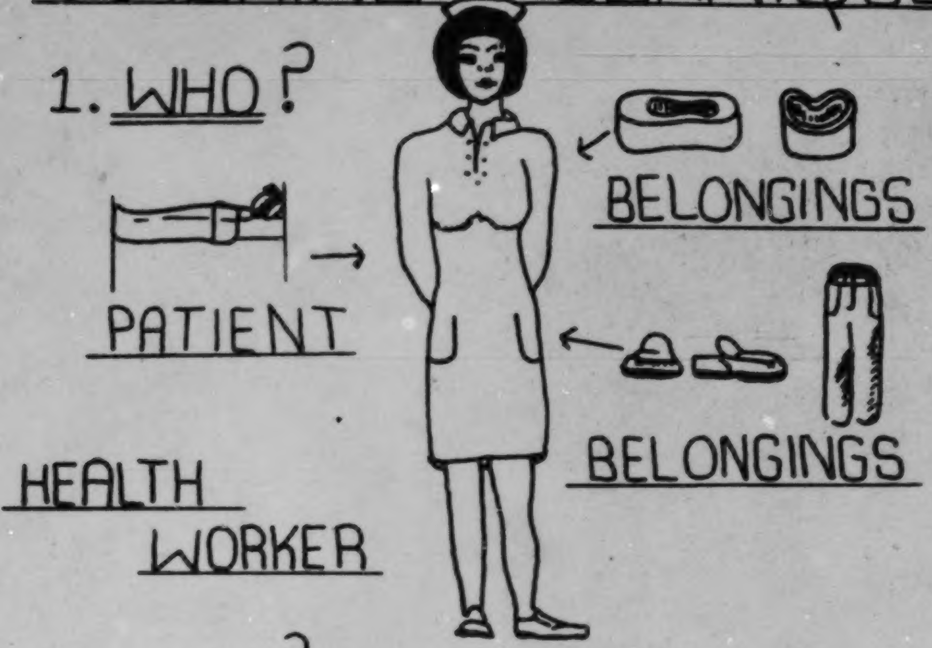
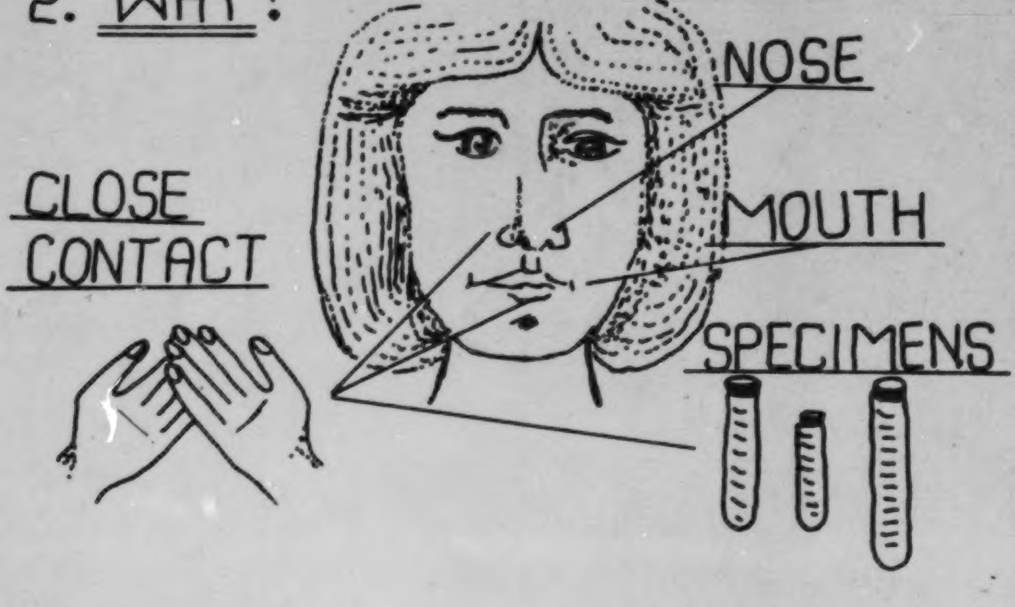
THE RULES FOR HAND-WASHING TECHNIQUE

1. WHO?


BELONGINGS
PATIENT
BELONGINGS
HEALTH WORKER

2. WHY?


NOSE
CLOSE CONTACT
MOUTH
SPECIMENS

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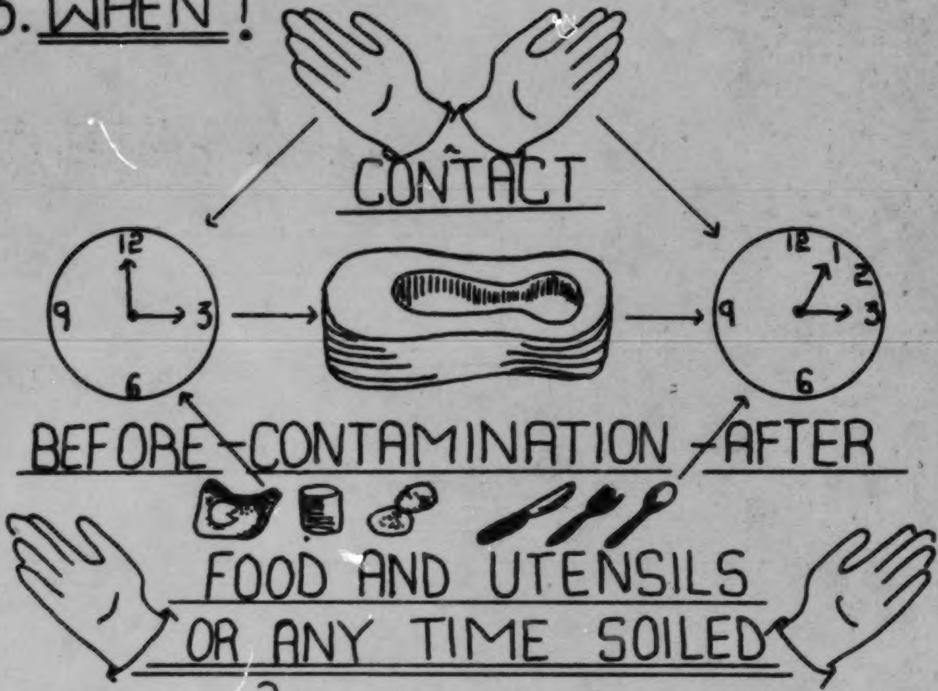
3. WHEN?


12
9
3
6
12
1
2
3
9
6

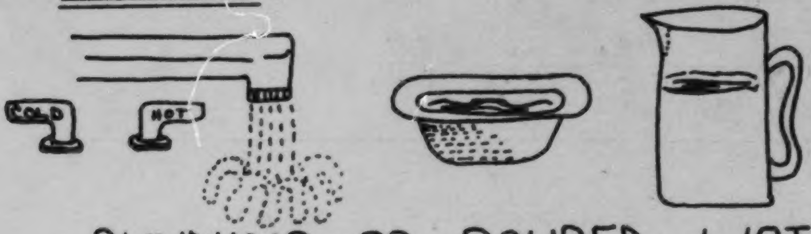
CONTACT

BEFORE - CONTAMINATION - AFTER

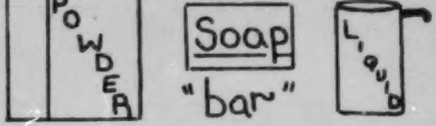
FOOD AND UTENSILS

OR ANY TIME SOILED

4. WHERE?



RUNNING OR POURED WATER


POWDER
Soap
"bar"
LIQUID

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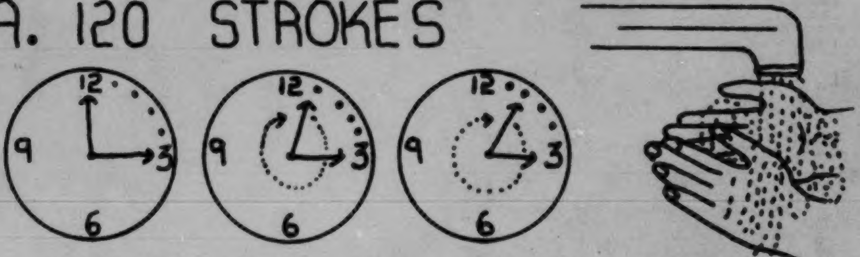
5. WHAT?

METHOD AND TIME

A. 120 STROKES

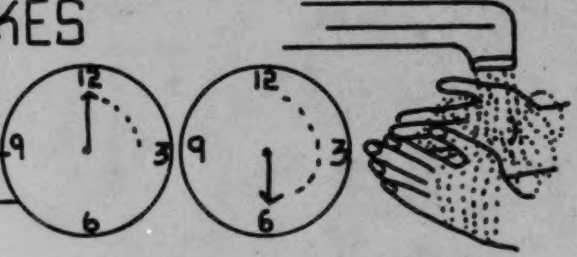

12
3
6
9
12
3
6
9
12
3
6
9

2 MINUTES → BEGIN WORK

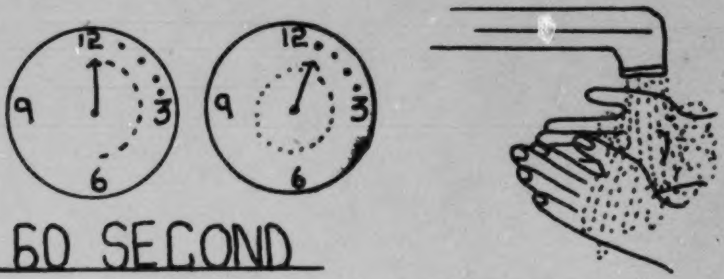
B. 30 STROKES

30 SECONDS

ANY CONTACT


12
3
6
9
12
3
6
9

C. 60 STROKE


12
3
6
9
12
3
6
9

60 SECOND

HIGH CONTAMINATION

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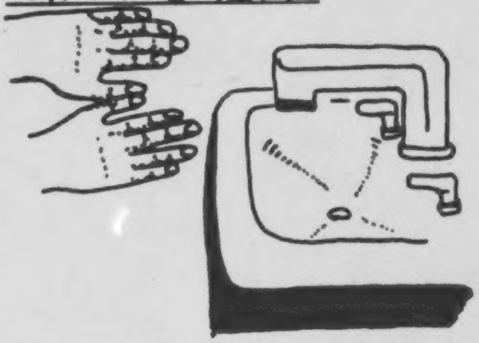
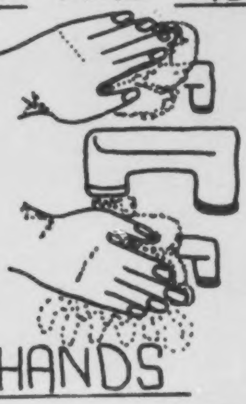
6. HOW?

STEP BY STEP

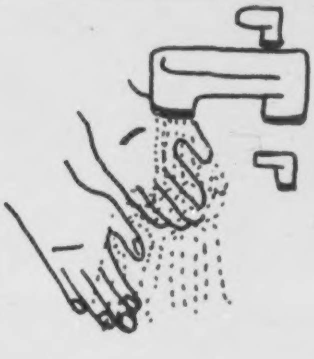
A. APPROACH



B. TURN ON WATER WITH PAPER AND ADJUST



C. WET HANDS



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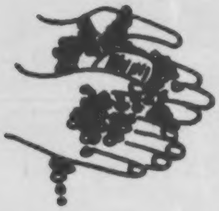
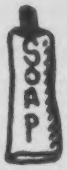
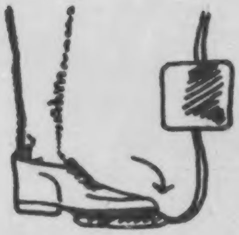
D. USE SOAP

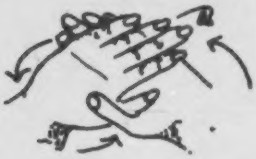




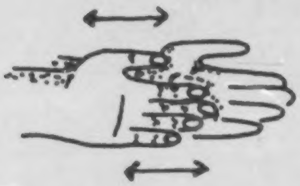


E. WASH

ROTARY



FRICTION



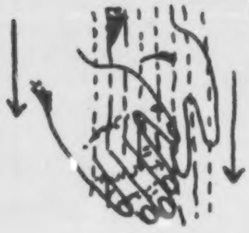
PALMS

BACK OF HAND

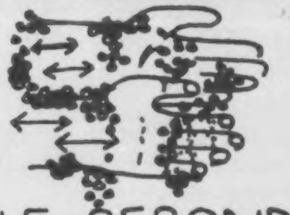
FINGERS

10 SECONDS

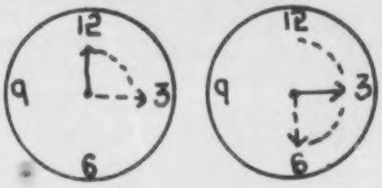
F. RINSE



G. WASH



15 SECONDS EACH



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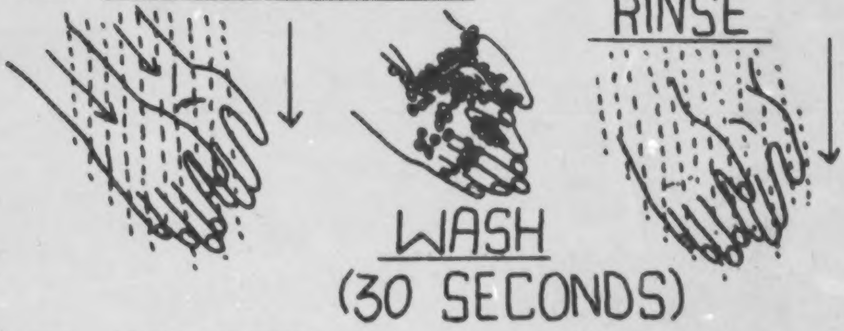
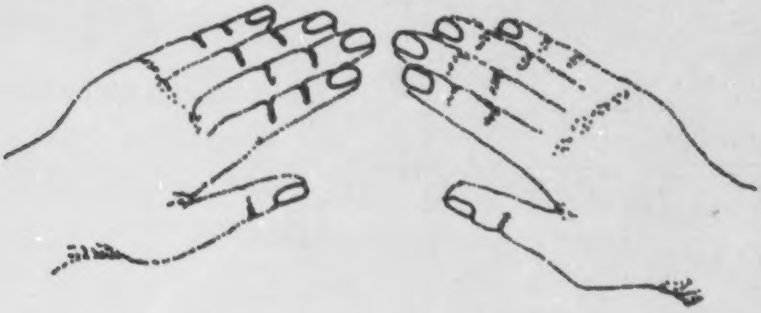
H. RINSE ARMS

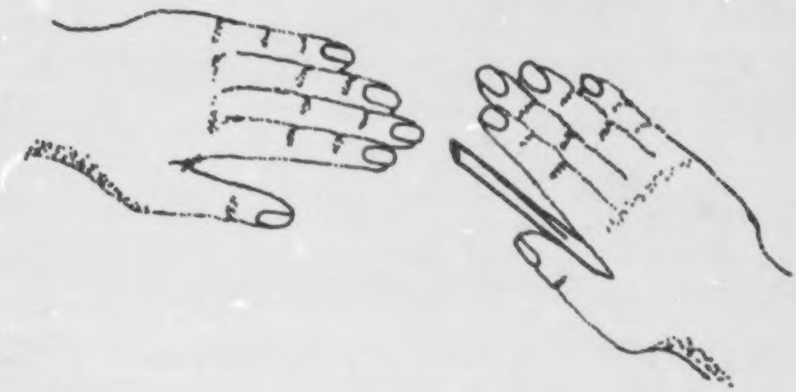

RINSE
WASH
(30 SECONDS)

I. REPEAT

J. CHECK KNUCKLES



K. CLEAN FINGERNAILS



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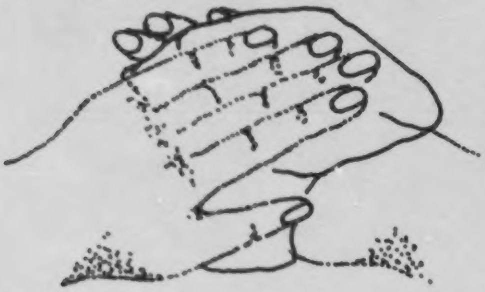
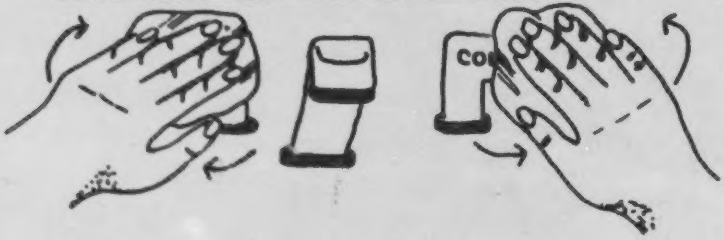
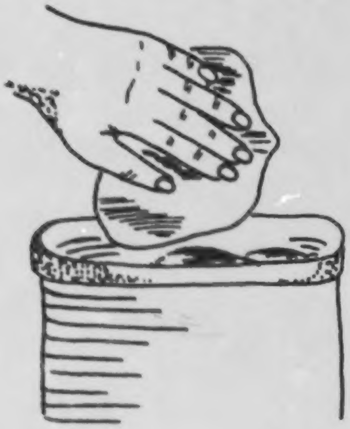
L. DRY WITH PAPER TOWEL



M. SHUT OFF WATER WITH A PAPER TOWEL



N. THROW AWAY TOWEL!



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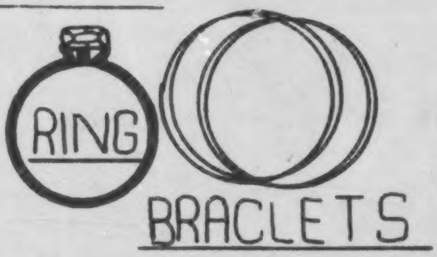
SPECIAL INSTRUCTIONS

1. NO JEWERY

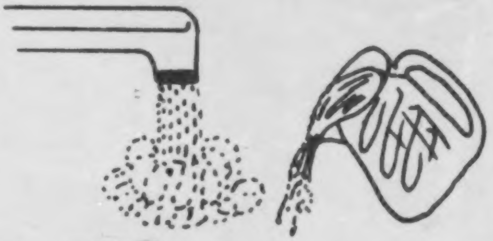

RING
BRACLETS

2. CLEAN-NEAT FINGERNAILS

3. LIQUID SOAP IS THE BEST

LIQUID
SOAP

4. RUNNING WATER



5. PAPER TOWELS ARE THE BEST

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PROJECT H.O.P.E.

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MODULE # AI (34589 12 - II 15 - 17 V 60) 2 - 4

THE PATIENT'S UNIT - EQUIPMENT AND SUPPLIES

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

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These prints are for the teacher's use in making transparencies, student handouts and additional material. There are color slides and a sequenced audio-tape that also accompany the module.

THE PATIENT'S UNIT - EQUIPMENT & SUPPLIES

GOAL

Why study this module? When patients are admitted to a health care agency, they must be assigned to a specific area or unit that will become their "home" while in that health care agency. Some health workers have the responsibility of keeping the patient's unit clean and organized for both the convenience of the patient and those who are giving the patient care.

This module contains information for those health workers who need to know:

1. the standard equipment found in each patient's unit
2. common additional equipment that might be brought into the patient's unit
3. the proper method of organizing equipment and supplies for the convenience of the patient and personnel giving care
4. the organization of equipment and supplies to prevent the spread of germs (disease causing microorganisms)

TURN TO NEXT PAGE

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USE OF LEARNING MODULES

INSTRUCTIONS

1. Read through the objective on page one (1) so that you know what your goal is for the module.

2. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

3. If you take the master test, instructions will be given you when you finish as to how to proceed.

4. If you do not wish to take the master test, examine each option offered to determine which group of resources best meet your needs. Remember, all resources in a given option must be completed for you to take the master test.

5. Select an option of resources and then turn to the page where that option begins.

6. After turning to the option of your choice, take a few moments to read through each activity listed. Be sure to ask your teacher for explanation of any activity you do not understand.

7. When you understand what you are to do, proceed with the activities of the option you have selected.

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THE PATIENT'S UNIT -- EQUIPMENT AND SUPPLIES

HOE

Your goal for this module is:

OBJECTIVE

You will be given a check list on "Improper Equipment and Supplies In a Patient's Unit", and in four (4) minutes or less you will:

1. Observe a picture that contains an improperly equipped patient's unit
2. Mark the improper equipment or supplies that you see, on your check list.
3. Obtain at least 80% accuracy in identifying the improper equipment in the patient's unit.

GO ON TO PAGE 2

AI - 34589 - 12 II 15 - 17 V 60 - 2 - 4

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To help you reach your goal, select one of the following options:

RESOURCES

OPTION A

TEACHER: Lecture
"The Patient's Unit -- The Essentials and Their Care"

TRANSPARENCIES: · #AI - 34589 - 12 II 15-17 V 60 2 - 4
"The Patient's Unit -- The Essentials and Their Care"

LIBRARY ASSIGNMENT:
1. Reference Reading
2. Report Sheet

CHECK LIST ASSIGNMENT:
"Improper Equipment and Supplies in a Patient's Unit"

FOR THIS OPTION GO TO PAGE 4

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HOE

RESOURCES

OPTION B

AUDIO-TAPE & SLIDES: #AI - 34589 - 12 II 15-17 V 60 2 - 4
"The Patient's Unit -- The Essentials
and Their Care

INTERVIEW ASSIGNMENT:

1. Housekeeping Director
   (health care facility)
2. Report Sheet

CHECK LIST ASSIGNMENT:
"Improper Equipment and Supplies in
a Patient's Unit"

FOR THIS OPTION GO TO PAGE 5

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HOE

OPTION A

ACTIVITIES

1. Sign up for this option.

2. Read the following references:

    a. Caldwell & Hegner, Health Assistant, pp. 28 - 29

    b. Thompson & Rosdahl, Textbook of Basic Nursing, 2nd Ed. pp. 195 - 196

3. Attend the lecture and view the transparencies on "The Patient's Unit - The Essentials & Their Care". (see schedule of time and place).

4. An outline of the lecture is found on page 9 & 10. Follow the outline as you listen to the lecture.

GO ON TO PAGE 9

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OPTION B

ACTIVITIES

1. Sign up for this option.

2. This option is designed for you to work independent of a large class group, but you should attempt to complete the module within the teacher's time limits.

3. You are to complete three (3) activities for this option. These activities are:
   - a. listen to an audio-tape while you are looking at a series of slides
   - b. interview a specific type of health care worker and fill out a report form
   - c. complete a check list assignment.

4. You may do the above activities in any order you wish, but all activities must be done.

   Instructions for each activity listed above begin on page 6.

GO ON TO PAGE 6

HOE

OPTION B

INSTRUCTIONS

FOR AUDIO-TAPE & SLIDES

1. When you are ready for the audio-tape and slides, contact the media clerk or your teacher and obtain:
    - a. a cassette player
    - b. a slide projector
    - c. audio-tape and slide set
      #AI - 34589 - 12 II 15-17 V 60 2 - 4
      "The Patient's Unit -- The Essentials & Their Care"

2. Go to a study - carrell or designated area and:
    - a. turn on the slide projector and focus for the first slide
    - b. place the audio-tape in the tape player, turn on and adjust the volume
    - c. listen to the tape and look at the slides (instructions for advancing the slides are on the tape)

3. If you wish to follow the outline of the taped lesson, turn to page 9.

4. When you are finished with the audio-tape and slides, return them and the equipment to the media clerk or your teacher.

GO ON TO PAGE 7

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HOE

OPTION B

INSTRUCTIONS

FOR INTERVIEW ASSIGNMENT

1. Check the list on the bulletin board of "Housekeeping Directors for Interview" and select one.
2. Sign your name in the space provided beside the person of your choice.
3. Telephone the Housekeeping Director you are to interview and:
    - a. give your name
    - b. state why you are calling
    - c. inform person what available times you have for interview (not to go over 15 minutes)
    - d. schedule interview
    - e. thank person for interview
4. On the date of the interview:
    - a. make certain you know where you are to go
    - b. be neat and clean
    - c. be on time
    - d. introduce yourself - be courteous
    - e. interview Housekeeping Director and ask the questions on pages 12 & 13
    - f. record your answers
    - g. do not go over time limit
    - h. thank Housekeeping Director for interview
5. Make certain "Interview Report" form is read to be checked by:
    - a. placing your name and date on proper spaces on page 12
    - b. checking the "interview" blank on page 12
    - c. answering all the questions on pages 12 & 13

GO ON TO PAGE 8

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INSTRUCTIONS

OPTION B

FOR CHECK LIST ASSIGNMENT

For instructions for the check list assignment, turn to page 14.

* *

WHEN ALL ACTIVITIES ARE COMPLETED GO TO PAGE 20

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ACTIVITIES

The Patient's Unit

THE ESSENTIALS & THEIR CARE

1. Standard Equipment In Patient's Unit
   a. Furniture
      (1) bed
      (2) bedside table
      (3) chair
      (4) overbed table
      (5) lamp

   b. Linens
      (1) sheets
      (2) drawsheet(s)
      (3) pillowcase(s)
      (4) blanket(bath blanket & woolen blanket)
      (5) spread
      (6) towels
      (7) face cloth(s)
      (8) gown(s)

   c. Toilet and Bathing Equipment
      (1) wash basin
      (2) soap and soap dish
      (3) tooth brush and container
      (4) emesis basin
      (5) facial tissues
      (6) lotion
      (7) hair brush and/or comb
      (8) nail file/emery board/or orange stick
      (9) toilet tissue
      (10) bed pan
      (11) urinal (male or female)

GO ON TO PAGE 10

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HOE

The Patient's Unit

THE ESSENTIALS & THEIR CARE

ACTIVITIES

d. Other Equipment In Patient's Unit
   (1) rubberized drawsheet
   (2) pillow
   (3) screen or curtain
   (4) water pitcher
   (5) drinking glass
   (6) thermometer and container
   (7) call bell
   (8) bed rails

2. Additional Equipment That Might Be In Patient's Unit
   a. oxygen equipment
   b. suction equipment
   c. dressing or irrigation trays
   d. intravenous supplies
   e. tubings and drainage equipment
   f. patient's personal belongings

3. Special Factors To Be Considered For The Patient's Unit
   a. equipment is necessary for care of patient
   b. equipment can harbor microorganisms
   c. patient's unit is his/her "home away from home"
   d. place for everything and everything in its place (as much as possible)

4. Equipment & Microorganisms
   a. equipment with microorganisms can be cause of spreading disease
   b. microorganisms are found in dust
   c. soiled articles placed on a clean surface can spread microorganisms
   d. cleaning equipment properly removes microorganisms

5. Key factors of cleaning are:
   a. wash properly
   b. rinse properly
   c. dry thoroughly

OPTION A, GO TO PAGE 11

OPTION B, GO BACK TO PAGE 6

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HOE

REFERENCE OR INTERVIEW REPORT

INSTRUCTIONS

Based on your reference reading and the lecture notes, complete the "Reference Report" form on page 12 & 13 by:

1. placing your name and date on the proper spaces on page 12
2. checking the "reference" blank on page 12
3. answering the questions on pages 12 & 13
4. checking report with your teacher.

GO ON TO PAGE 12

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NAME ______________________ DATE ______________

REFERENCE OR INTERVIEW REPORT

CHECK ONE:

ACTIVITIES

Reference _____ Interview _____

1. If there is more than one patient in the room, will there still be the same basic equipment for each patient? ______________________

____

2. Where should equipment for nursing treatments be kept? ______________________

____

3. What is to be done with broken or damaged equipment?

____

____

4. What is the proper method of caring for additional equipment that was brought into the unit and is no longer needed? ______________________

____

5. What type of material is most equipment made of that must be used over and over for different patients?

____

____

GO ON TO PAGE 13

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ACTIVITIES

6. If you had to give one best way to keep microorganisms under control, what would it be? ________________

____

____

7. What is the best way to help control the amount of excess equipment in a patient's unit? ___________

____

____

____

HAVE REPORT CHECKED BY TEACHER

OPTION A GO TO PAGE 14

OPTION B GO TO THE ACTIVITY OF YOUR CHOICE

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IMPROPER EQUIPMENT & SUPPLIES IN A PATIENT'S UNIT

INSTRUCTIONS

1. On pages 15 & 16 you will find twenty (20) pictures of "Improper Equipment and Supplies In A Patient's Unit."

2. On pages 17 & 18 you will find twenty (20) statements of "Improper Equipment and Supplies For A Patient's Unit."

3. Match the pictures and statements by placing the number of the picture on the blank space in front of each corresponding statement on pages 17 & 18.

4. When you are finished, check your answers on page 18.

GO ON TO PAGE 15

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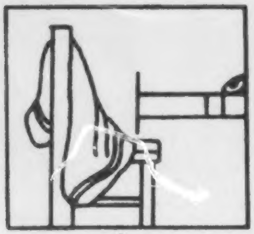
IMPROPER EQUIPMENT AND SUPPLIES
IN A PATIENT'S UNIT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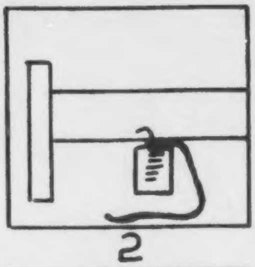
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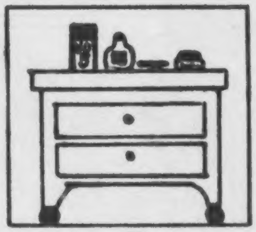
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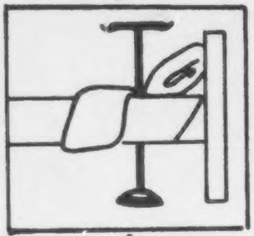
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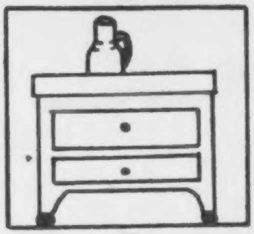
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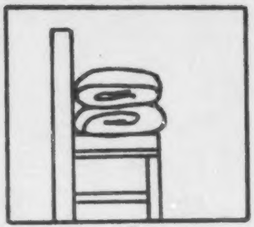
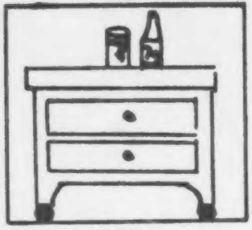

6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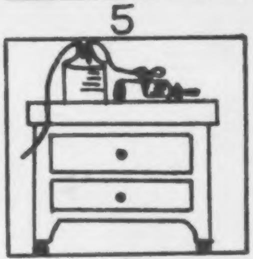
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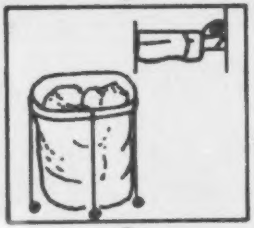
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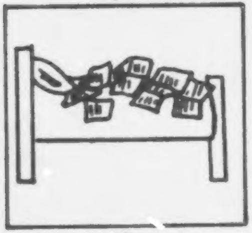
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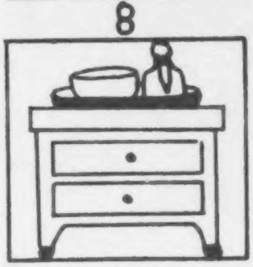
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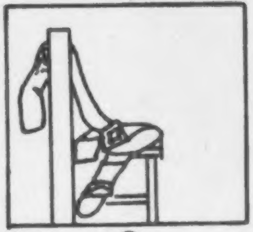
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GO ON TO
NEXT PAGE ⟶

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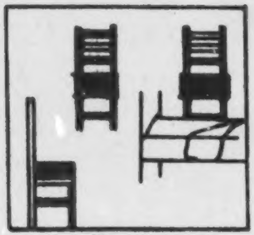
IMPROPER EQUIPMENT AND SUPPLIES

IN A PATIENT'S UNIT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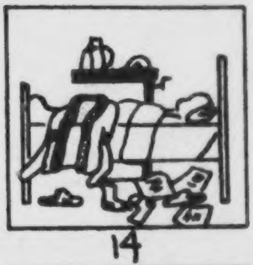
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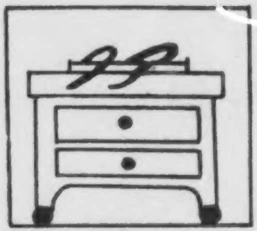
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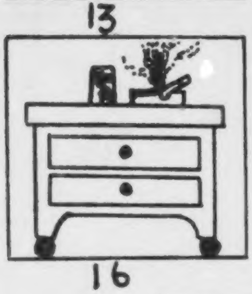
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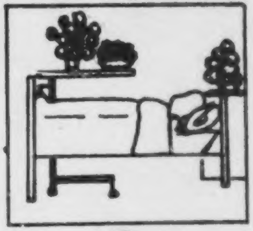
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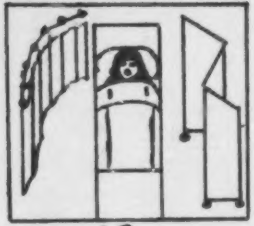
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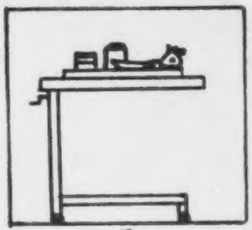
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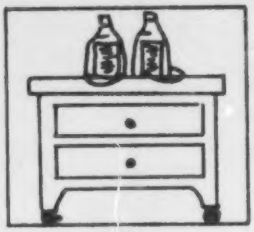
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GO ON TO
NEXT PAGE → PAGE 17

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IMPROPER EQUIPMENT AND SUPPLIES IN A PATIENT'S UNIT

CHECK LIST

PICTURE #

__________ 1. Patient's cosmetics on bed-side table

__________ 2. Empty 7-Up bottle on bed-side table

__________ 3. Magazines, newspapers, etc., scattered on patient's bed

__________ 4. Extra pillows piled on chair

__________ 5. Extra chair(s) in patient's unit

__________ 6. Smoking equipment on bed-side table

__________ 7. Many flowers in patient's unit

__________ 8. Empty I.V. bottles sitting on bed-side table

__________ 9. Unused I.V. pole sitting by head of bed

__________ 10. Used irrigation or dressing set(s) sitting on bed-side stand

__________ 11. Curtain and screen both at patient's bedside

__________ 12. Patient lying in bed with bathrobe, slippers, etc., all over

__________ 13. Disconnected urinary drainage bag and tubing hanging on bed-frame

__________ 14. Unused restraint straps lying on chair

__________ 15. Disconnected suction machine sitting in room

__________ 16. Empty food-tray sitting on over-bed table

GO ON TO PAGE 18

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IMPROPER EQUIPMENT AND SUPPLIES IN A PATIENT'S UNIT

CHECK LIST

PICTURE #

_________ 17. Unused I.V. board lying on bed-side table

_________ 18. Bed made and bath blanket draped over half of chair

_________ 19. Laundry hamper left sitting in room after bed is made

_________ 20. Urinal sitting on bed-side table

* *

ANSWERS:

PICTURE #	STATEMENT #	PICTURE #	STATEMENT #	PICTURE #	STATEMENT #
18	1.	15	8.	17	15.
13	2.	19	9.	6	16.
1	3.	3	10.	7	17.
9	4.	10	11.	11	18.
20	5.	14	12.	16	19.
4	6.	5	13.	8	20.
2	7.	12	14.		

* *

OPTION A GO TO PAGE 19

OPTION B GO TO ACTIVITY
OF YOUR CHOICE

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HOE

OPTION A

INSTRUCTIONS

1. Check the teacher's master sheet to make certain you have completed all activities for this option.

2. If you feel you have reached your objective, ask your teacher for the "Master Test":

3. If you do not feel ready for the test, go on to OPTION B on page 5 of the module and do all the activities.

4. If you have completed OPTION A and OPTION B and do not feel ready for the test, see your teacher.

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OPTION B

INSTRUCTIONS

1. Check the teacher's master sheet to make certain you have completed all activities for this option.
2. If you feel you have reached your objective, ask your teacher for the "Master Test".
3. If you do not feel ready for the test, go to OPTION A on page 4 of the module and do all the activities
4. If you have completed OPTION A and OPTION B and do not feel ready for the test, see your teacher.

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PROJECT H.O.P.E.

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MASTER TEST

MODULE # AI (34589 12 - II 15 - 17 V 60) 2 - 4

THE PATIENT'S UNIT - EQUIPMENT AND SUPPLIES

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THE PATIENT'S UNIT - EQUIPMENT AND SUPPLIES

MASTER TEST

AI - 34589 12 II 15-17 V 60 2 - 4

INSTRUCTIONS

1. This test is a short observation test that is timed. You will have four (4) minutes in which to complete it.

2. On page 2 of the test is a picture entitled, "Find What's Wrong?" On pages 3 and 4 is a list of statements describing "Improper Equipment and Supplies In a Patient's Unit."

3. When you are told to do so, turn to page 2 and place your name and the date on the proper spaces.

4. When the media clerk or your teacher says "begin," look at the picture and find as many items of improper equipment and supplies in a patient's unit as you can.

5. For each improper item that you find, place a check mark on the blank space in front of the corresponding statement on pages 3 and 4.

6. When time is called, turn to page 5 for instructions.

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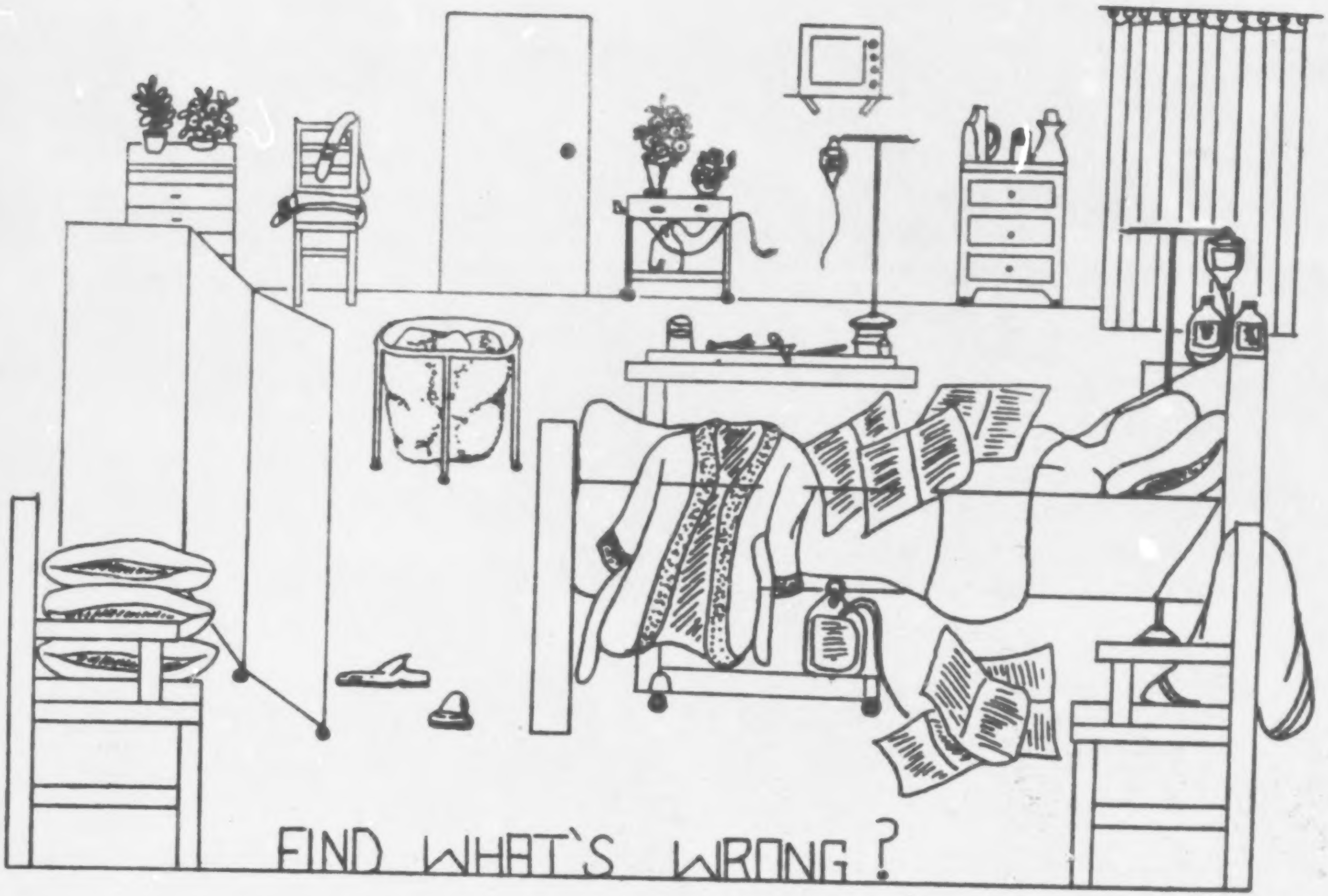
MASTER TEST

THE PATIENT'S UNIT - - EQUIPMENT AND SUPPLIES

NAME: ______________________ DATE: __________


FIND WHAT'S WRONG?

GO TO PAGE 3

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HOE

IMPROPER EQUIPMENT AND SUPPLIES
IN A PATIENT'S UNIT

MASTER TEST

CHECK EACH ONE THAT YOU SEE

_______ 1. Patient's cosmetics on bed-side table

_______ 2. Empty 7-Up bottle on bed-side table

_______ 3. Magazines, newspapers, etc., scattered on patient's bed

_______ 4. Extra pillows piled on chair

_______ 5. Extra chair(s) in patient's unit

_______ 6. Smoking equipment on bed-side table

_______ 7. Many flowers in patient's unit

_______ 8. Empty I.V. bottles sitting on bed-side table

_______ 9. Unused I.V. pole sitting by head of bed

_______ 10. Used irrigation or dressing set(s) sitting on bed-side stand

_______ 11. Curtain and screen both at patient's bedside

_______ 12. Patient lying in bed with bathrobe, slippers, etc., all over

_______ 13. Disconnected urinary drainage bag and tubing hanging on bed-frame

_______ 14. Unused restraint straps laying on chair

_______ 15. Disconnected suction machine sitting in room

_______ 16. Empty food-tray sitting on over-bed table

GO ON TO PAGE 4

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HOE

IMPROPER EQUIPMENT & SUPPLIES

IN A PATIENT'S UNIT

MASTER TEST

________ 17. Unused I.V. Board laying on bedside table

________ 18. Bed made and bath blanket draped over half of chair

________ 19. Laundry hamper left sitting in room after bed is made

________ 20. Urinal sitting on bedside table

* *

GRADE ________________

WHEN YOU ARE FINISHED - GO TO PAGE 5

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INSTRUCTIONS

UPON COMPLETION OF
THE MASTER TEST

1. Check your answers for the master test with the teacher or media clerk.
2. If you passed the master test for this module, consult your schedule for the module you should start next.
3. If you did not pass the master test and have not gone through the module, select one of the options and complete all the activities.
4. If you did not pass the master test, but have gone through OPTION A, go to OPTION B on page 5 and complete all the activities.
5. If you did not pass the master test but have gone through OPTION B, go to OPTION A on page 4 and complete all the activities.
6. If you did not pass the master test, but have gone through both OPTION A and OPTION B, see your teacher.

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PROJECT H.O.P.E.

PRINTS

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MODULE # AI (34589 12 - II 15 - 17 V 60) 2 - 4

THE PATIENT'S UNIT - EQUIPMENT AND SUPPLIES

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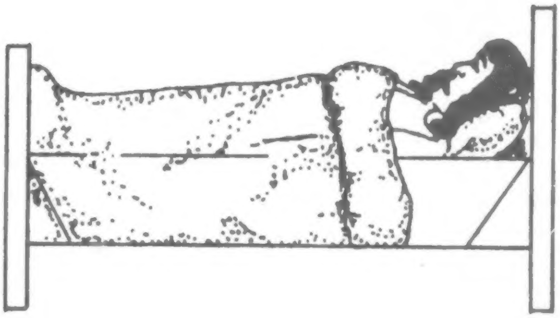
THE PATIENT'S UNIT THE ESSENTIALS AND THEIR CARE



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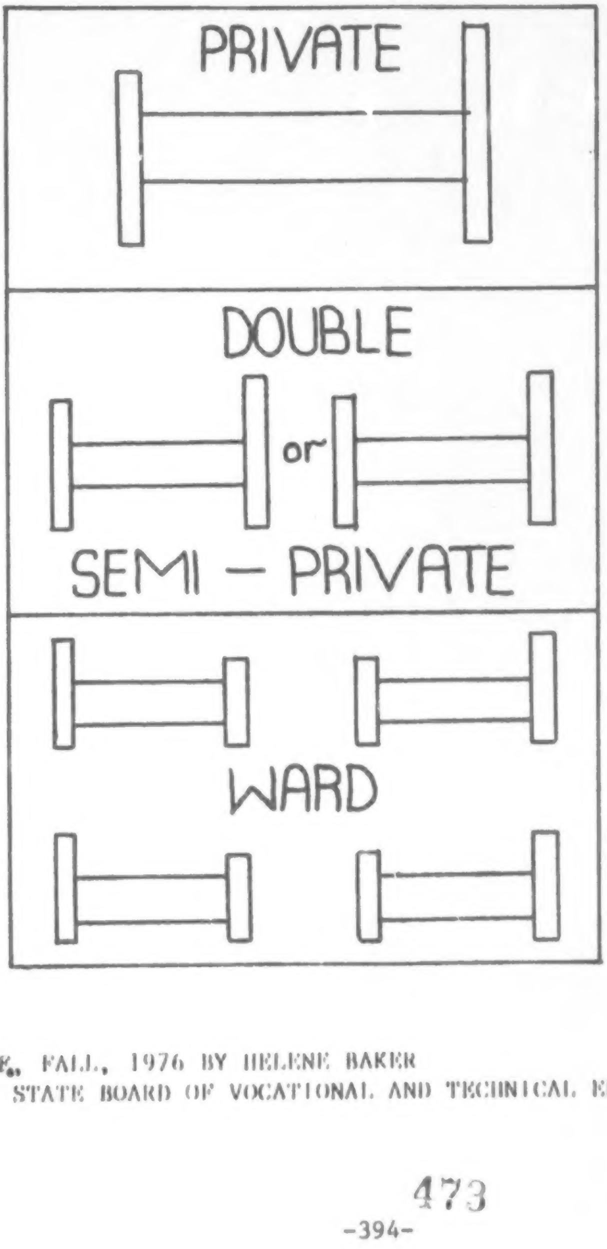
A PATIENT'S UNIT

AREA FOR ONE PATIENT


PRIVATE
DOUBLE
or
SEMI - PRIVATE
WARD

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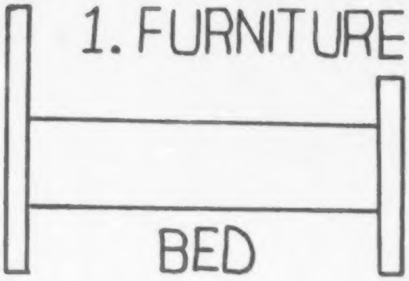
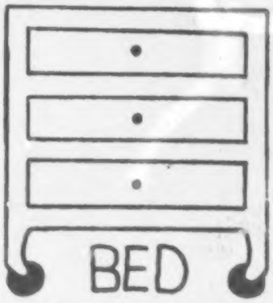
A PATIENT'S UNIT SHOULD HAVE:

1. FURNITURE

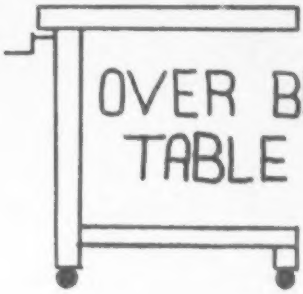


BED



BED SIDE TABLE

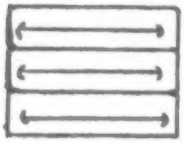
CHAIR



OVER BED TABLE

LAMP

2. LINENS



SHEETS

DRAW SHEET

PILLOW CASE(S)

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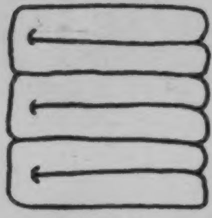
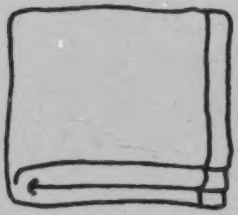
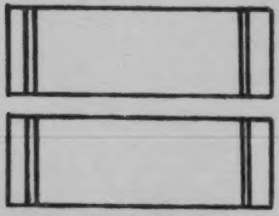


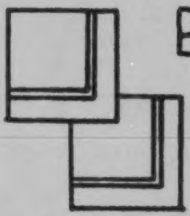
BLANKETS



BEDSPREAD

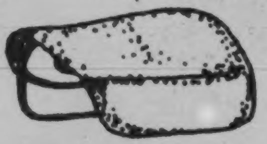


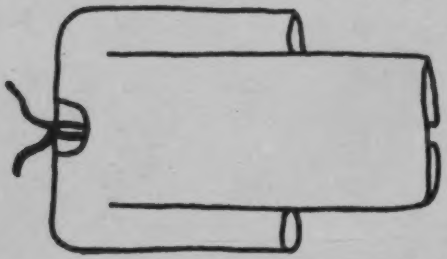
TOWELS



WASHCLOTHS

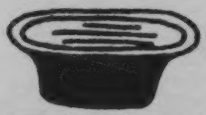
BEDPAN COVER





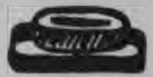
HOSPITAL GOWN

3. TOILET AND BATH EQUIPMENT



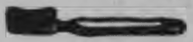
WASH BASIN

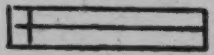
SOAP



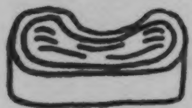
SOAPDISH

TOOTH BRUSH

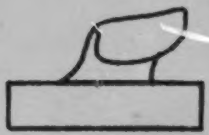




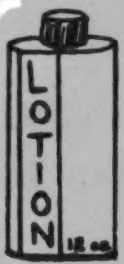
CONTAINER

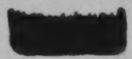


EMESIS
BASIN



FACIAL
TISSUE





COMB

BRUSH

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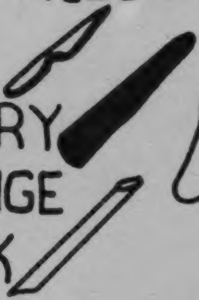
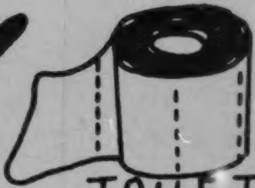
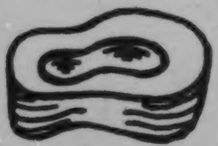


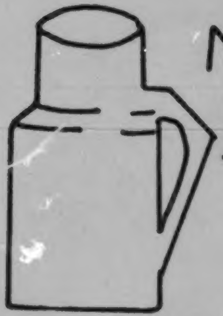
FILE
EMERY
ORANGE STICK



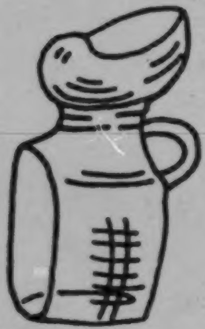
TOILET TISSUE



BEDPAN

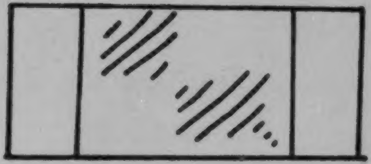


MALE URINAL

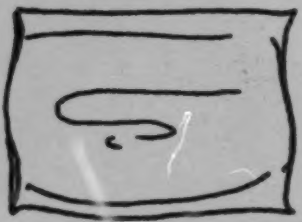


FEMALE URINAL→

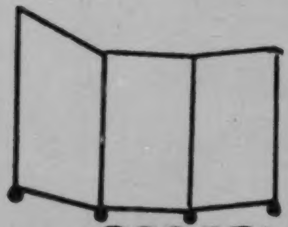
4. OTHER EQUIPMENT



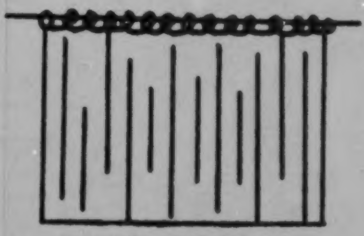
MOISTURE-PROOF DRAW SHEET



PILLOW



SCREEN or



CURTAIN

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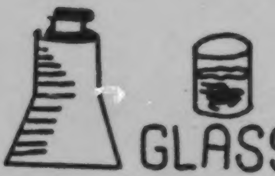
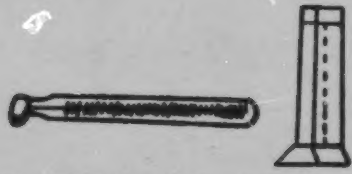
CONTINUED:

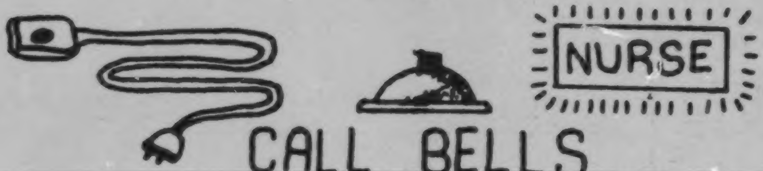


GLASS

PITCHER



THERMOMETER
AND CONTAINER



CALL BELLS

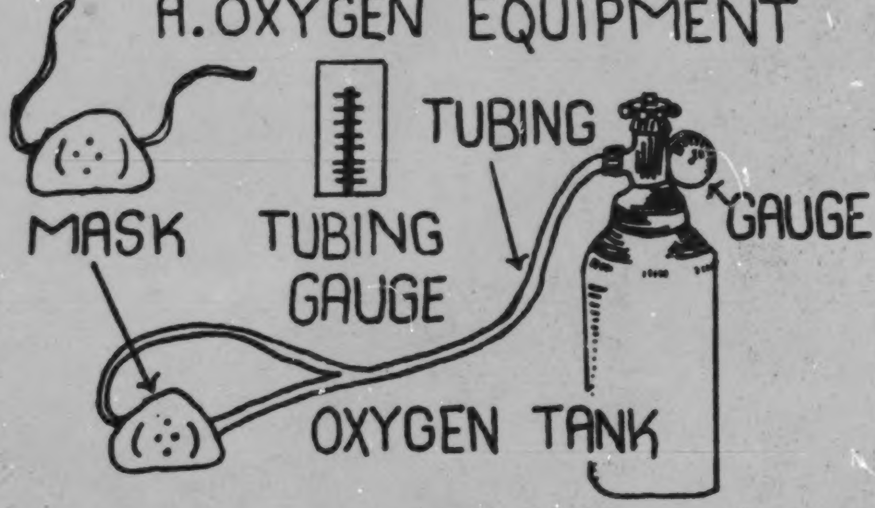
FURNITURE

LINENS

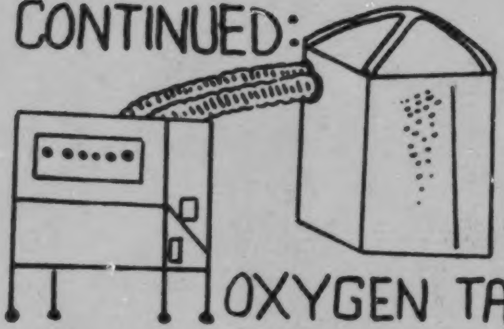
BATH EQUIPMENT

5. ADDITIONAL EQUIPMENT

A. OXYGEN EQUIPMENT

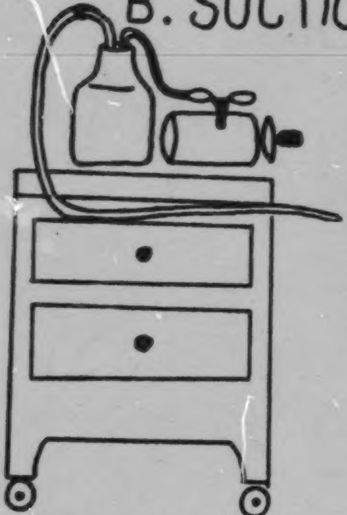

MASK
TUBING
GAUGE
TUBING
GAUGE
OXYGEN TANK

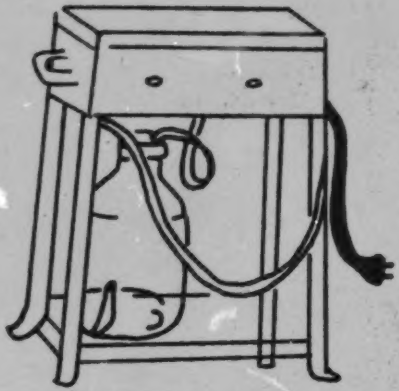
CONTINUED:

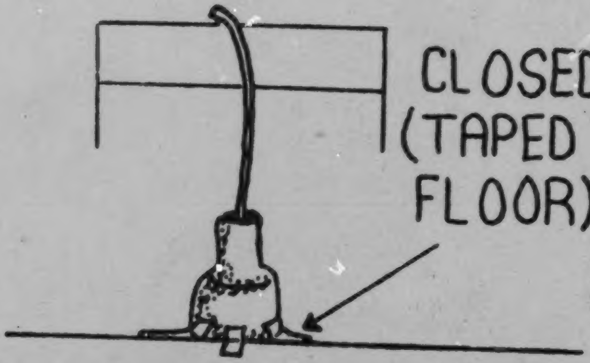

OXYGEN TANK

MACHINE AND GUAGE

B. SUCTION EQUIPMENT






CLOSED
(TAPED TO
FLOOR)

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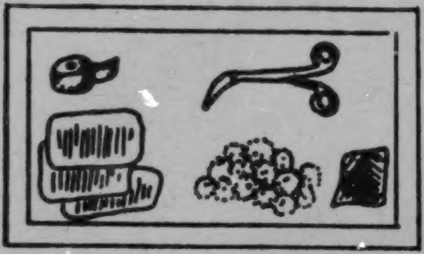
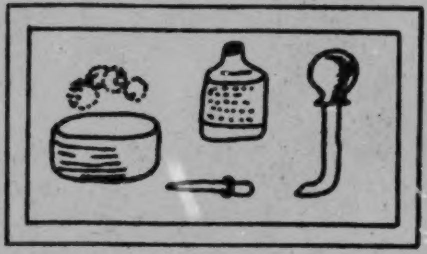
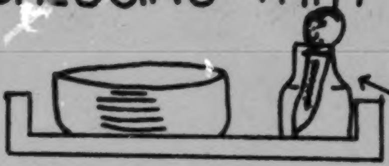
C. DRESSING AND IRRIGATION TRAY



DRESSING TRAY

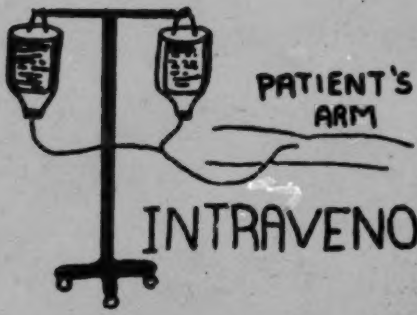


EAR-EYE-NOSE-IRRIGATION TRAY

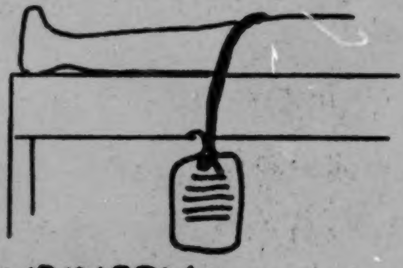


IRRIGATION TRAY

D. INTRAVENOUS AND DRAINAGE EQUIPMENT



INTRAVENOUS



URINARY DRAINAGE

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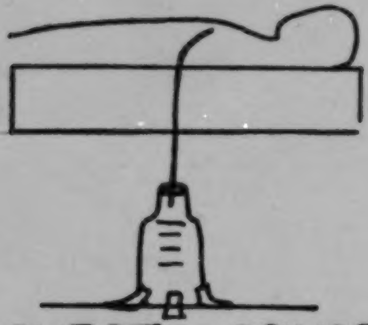
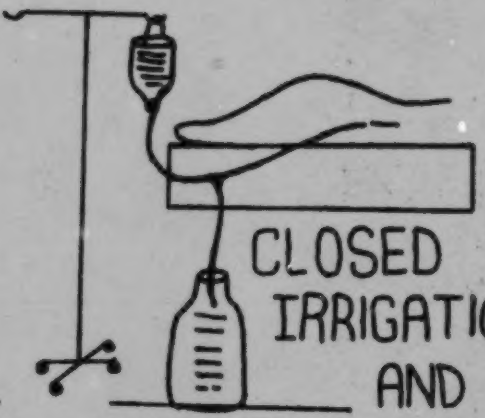
CONTINUED:

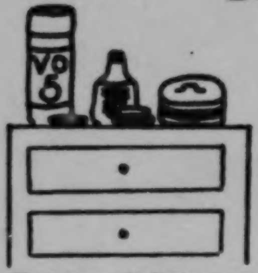


CHEST DRAINAGE

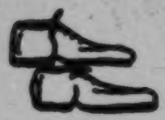


CLOSED IRRIGATION AND DRAINAGE SET

E. PATIENT'S PERSONAL BELONGINGS



COMETICS TOLIETRIES

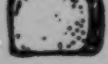


SHOES

SWEATER

BATH ROBE CLOTHING

RAZORS



BILLFOLD PURSE

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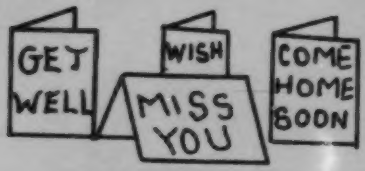
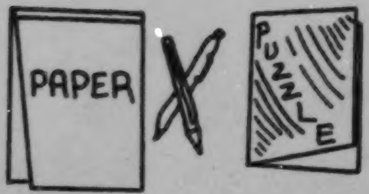
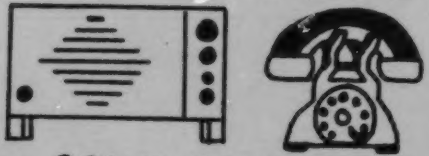
CONTINUED:


GET WELL
WISH
MISS YOU
COME HOME SOON

CARDS

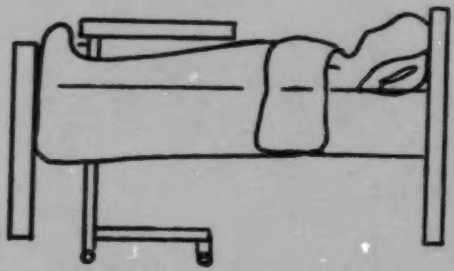

PAPER
PUZZLE

WRITING EQUIPMENT



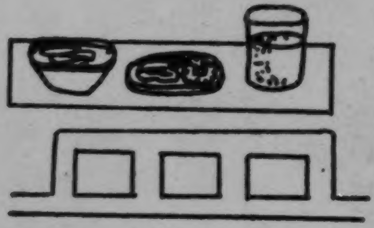
COMMUNICATION

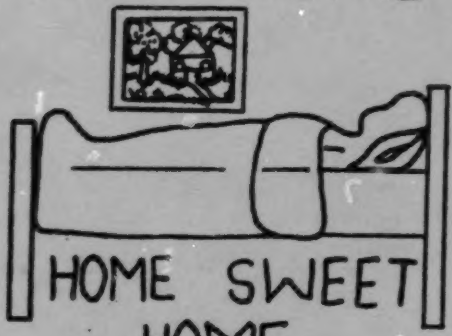
FACTORS TO BE CONSIDERED



MEALS
BATH
ELIMINATION

DAILY ROUTINE





HOME SWEET HOME

EQUIPMENT
HARBORS
MICROORGANISMS

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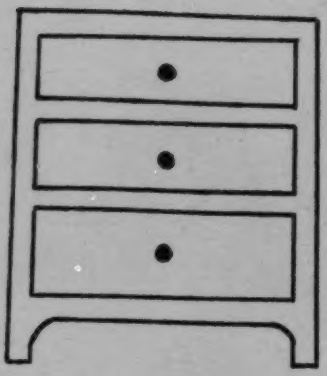
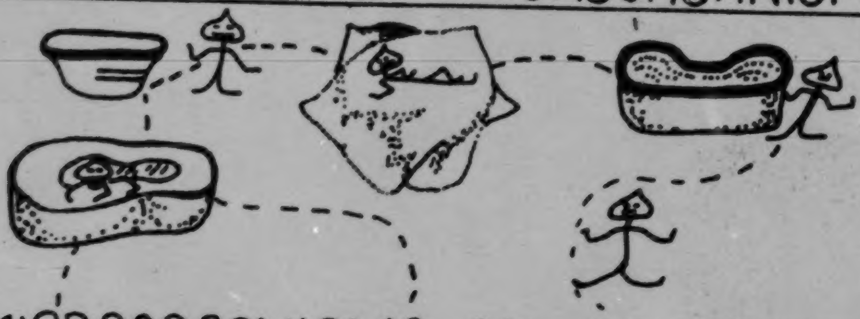
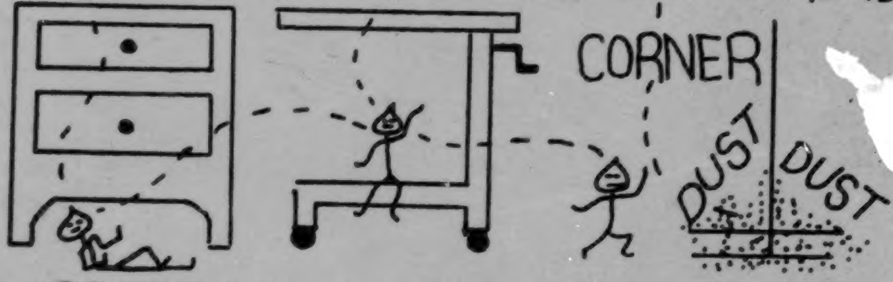
CONTINUED:
EVERYTHING IN
ITS PLACE
(IF POSSIBLE)



EQUIPMENT AND MICROORGANISMS



MICROORGANISMS CAN BE SPREAD



MICROORGANISMS LIVE IN DUST OR CAN BE PLACED ON CLEAN SURFACES

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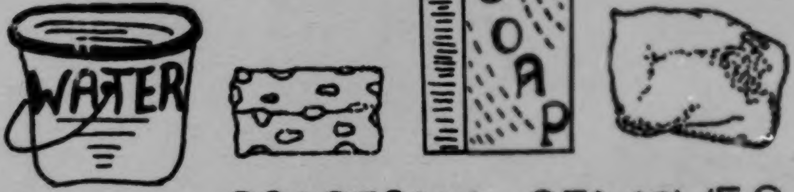
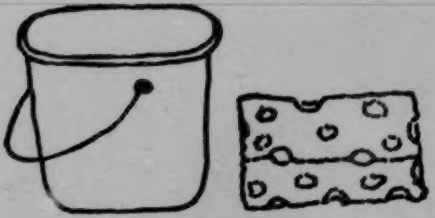
CONTINUED:

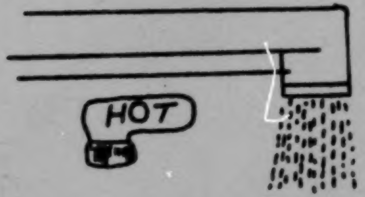


CLEANING PROPERLY REMOVES MICROORGANISMS

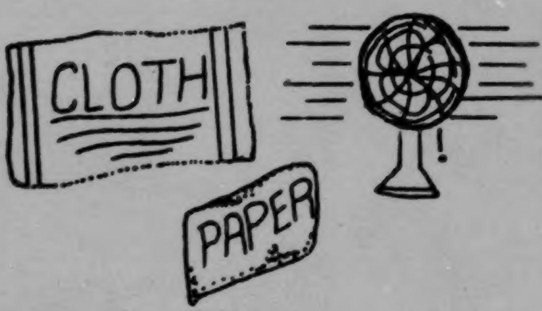
KEY FACTORS OF CLEANING



WASH PROPERLY



RINSE PROPERLY


CLOTH
PAPER

DRY PROPERLY

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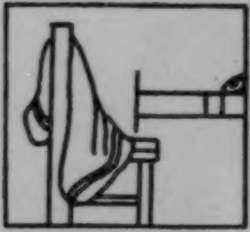
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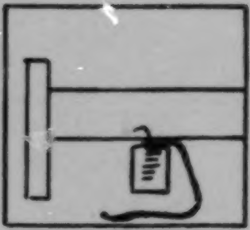
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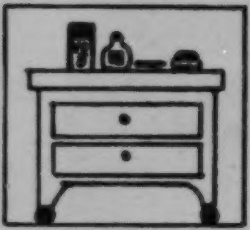
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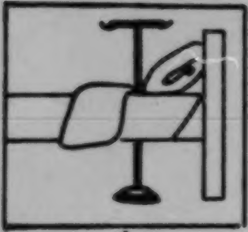
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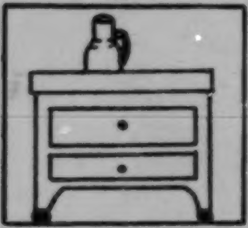
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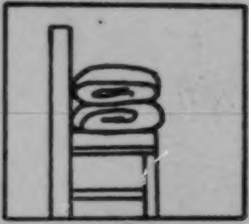
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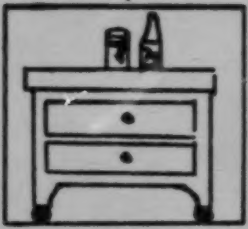
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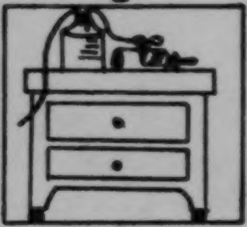
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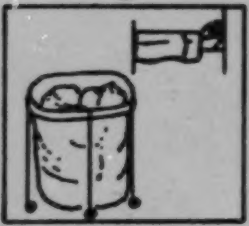
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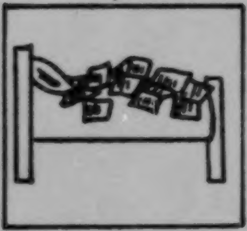
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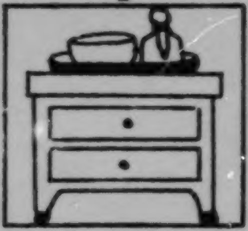
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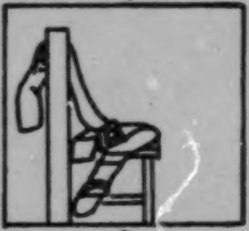
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GO ON TO
NEXT PAGE →

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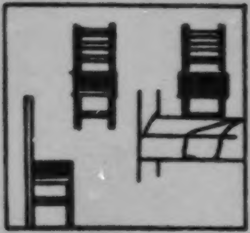

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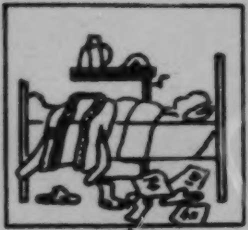

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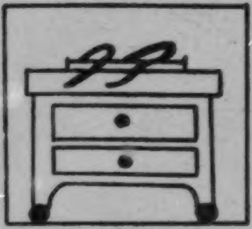

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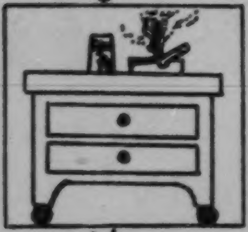

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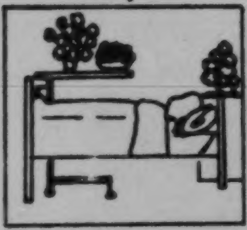

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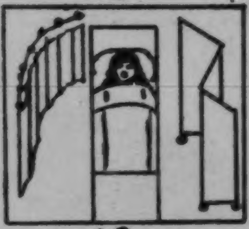

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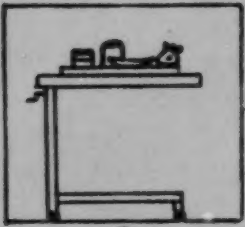

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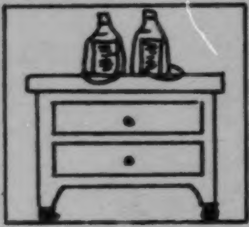

20

GO ON TO
NEXT PAGE ⟶

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PROJECT H.O.P.E.

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MODULE # AI (34589 12 II 15-17 V 60) 2 - 5

CLEAN A PATIENT'S UNIT

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

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These prints are for the teacher's use in making transparencies, student handouts and additional material. There are color slides and a sequenced audio-tape that also accompany the module.

CLEAN A PATIENT'S UNIT

GOAL

Why study this module? Some health workers have the responsibility of keeping the patient's unit clean and organized while the patient is in the hospital for:

1. the patient's comfort
2. most efficient care of the patient

After the patient is dismissed from the health care agency, those some health workers will then be responsible for preparing the unit for the next patient. In this module, health workers responsible for cleaning and organizing the patient's unit will find:

1. principles of germ control in the care of equipment
2. methods of cleaning different types of equipment
3. responsibilities and contraindications for cleaning the patient's unit
4. equipment and supplies needed for daily and dismissal cleaning of a patient's unit
5. procedures for daily and dismissal cleaning of the patient's unit

TURN TO NEXT PAGE

AI 34589 12 II 15 -17 V 60 2 - 5

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USE OF LEARNING MODULES

INSTRUCTIONS

1. Read through the objective on page one (1) so that you know what your goal is for the module.

2. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

3. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

4. If you do not wish to take the master test, examine each option offered to determine which group of resources best meet your needs. Remember, all resources in a given option must be completed for you to take the master test.

5. Select an option of resources and then turn to the page where that option begins.

6. After turning to the option of your choice, take a few moments to read through each activity listed. Be sure to ask your teacher for explanation of any activity you do not understand.

7. When you understand what you are to do, proceed with the activities of the option you have selected.

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CLEAN A PATIENT'S UNIT

Your goal for this module consists of two (2) parts:

OBJECTIVE

1. You will be given one (1) of four (4) possible patient's units with additional equipment and/or supplies and a performance check list, and will:
   - a. do routine daily cleaning of the unit
   - b. clean the unit in at least fifteen (15) minutes
   - c. have at least 75% accuracy on the check list

2. You will be given a standard patient's unit and a performance check list, and will:
   - a. do discharge cleaning of the unit
   - b. change the unit in at least twenty (20) minutes
   - c. have at least 75% accuracy on the check list

GO ON TO PAGE 2

AI 34589 12 II 15 17 V 60 2 - 5

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To help you reach your goal select one (1) of the following options:

RESOURCES

OPTION A

TEACHER:

1. Lecture
   "The Principles of Cleaning a Patient's Unit"
2. Demonstration
   a. Daily Cleaning of a Patient's Unit
   b. Discharge Cleaning of a Patient's Unit

TRANSPARENCIES: AI - 34589 12 II 15 17 V 60 2 - 5
"Principles of Cleaning a Patient's Unit"

LIBRARY ASSIGNMENT:

1. Reference Reading
2. Report

STUDENT PARTNER: Practice cleaning a patient's unit

FOR THIS OPTION, GO TO PAGE 4

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HOE

RESOURCES

OPTION B

AUDIO - TAPE & SLIDES: AI 34589 12 II 15 17 V 60 2 - 5

"The Principles of Cleaning a Patient's Unit"

DEMONSTRATION:

1. Teacher
   - a. Daily Cleaning of a Patient's Unit
   - b. Discharge Cleaning of a Patient's Unit

or

2. Filmstrip by Trainex
   - a. "Cleaning the Occupied Room"
   - b. "Cleaning the Check-Out Room"

DISCUSSION:

1. Group Session
2. Report

STUDENT PARTNER:

Practice cleaning a patient's unit.

FOR THIS OPTION, GO ON TO PAGE 5

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HOE

OPTION A

ACTIVITIES

1. Sign up for this option.
2. Read the following references:
   a. Caldwell and Hegner, Health Assistant, page 30
   b. Thompson and Rosdahl, Textbook of Basic Nursing, second edition, pages 193-194
3. Attend the lecture and view the transparencies on "The Principles of Cleaning a Patient's Unit" (see schedule for time and place).
4. An outline of the lecture is found on pages 9 and 10. Follow the outline as you listen to the lecture.

GO ON TO PAGE 9

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OPTION B

ACTIVITIES

1. Sign up for this option.
2. This option is designed for you to work independent of a large class group, but you should attempt to complete the module within the teacher's time limits.
3. There are four (4) activities for this module. Those activities are:
   - a. listen to an audio-tape while you are looking at a series of slides
   - b. view a demonstration by one of two ways:
     - (1) teacher demonstration
       or
     - (2) filmstrip
   - c. participate in a group descussion and complete a report about it
   - d. practice cleaning a patient's unit with your student partner
4. You may do the above activities in any order you wish but all activities must be done.

   Instructions for each activity listed above begins on page 6.

GO ON TO PAGE 6

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OPTION B

ACTIVITIES

INSTRUCTIONS FOR AUDIO-TAPE & SLIDES

1. When you are ready for the audio-tape and slides, contact the media clerk or your teacher and obtain:
    a. a tape recorder
    b. a slide projector
    c. the audio-tape and slides
    #AI 34589 12 II 15 17 V 60 2 - 5
    "The Principles of Cleaning A Patient's Unit"
2. Go to a study - carrell or designated area and:
    a. turn on the slide projector
    b. place the audio-tape in the tape player, turn on and adjust the volume
    c. listen to the tape as you look at all the slides (instructions for advancing the slides are on the tape)
3. As you listen to the audio-tape and look at the slides, you should follow the outline of the lesson found on pages 9 & 10.
4. When you are finished with the audio-tape and slides, return them and the equipment to the media clerk or your teacher.

GO ON TO PAGE 7

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OPTION B

ACTIVITIES

INSTRUCTIONS FOR THE DEMONSTRATION

1. When you are ready for the demonstration, check with your teacher to see if you are to observe a live demonstration or view a filmstrip demonstration.
2. If you are to observe a live demonstration, turn to page 11 and follow the instructions for OPTION B.
3. If you are to view a filmstrip demonstration:
   a. ask the media clerk or your teacher for:
      (1) a filmstrip projector
      (2) filmstrips by Trainex
         (a) "Cleaning the Occupied Room"
         (b) "Cleaning the Check-Out Room"
   b. go to a study carrell or designated area and:
      (1) view the filmstrips
      (2) compare the steps of the procedure shown with the steps listed on pages 12 - 15
   c. when you are finished viewing the filmstrips, return them and the projector to the media clerk or your teacher

GO ON TO PAGE 8

OPTION B

ACTIVITIES

INSTRUCTIONS FOR GROUP DISCUSSION

1. When you are ready for the group discussion, check the bulletin board for time(s) for session(s). If there is more than one time, sign up for the one you wish to attend.
2. Before going to the discussion group, look at the questions on pages 17 & 18 and try to answer them in your own mind.
3. Attend the discussion at the proper time and place and participate with the group.
4. Following the discussion write in answers to the questions on pages 17 & 18 based on the thinking of your group.
5. Check your answers with the teacher.

INSTRUCTIONS FOR PRACTICING CLEANING A PATIENT'S UNIT

When you are ready for your practice, turn to the instructions on page 19.

* *

When you have completed all the activities, turn to page 29.

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.
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THE PRINCIPLES OF CLEANING A PATIENT'S UNIT

ACTIVITIES

1. Review of Principles of Microorganism Control & Equipment
    a. equipment with microorganisms can be cause of spreading disease
    b. microorganisms are found in dust
    c. soiled articles placed on a clean surface can spread microorganisms
    d. cleaning equipment properly removes microorganisms
    e. key factors of cleaning are:
        (1) wash properly
        (2) rinse thoroughly
        (3) dry thoroughly
2. Types of Equipment May Be Cleaned Differently, according to the following chart:

EQUIPMENT	PRE-CLEANING	HOW TO WASH	HOW TO RINSE	TO FINISH
1. Enamelware	Rinse/cool water	Soap & hot water	Cool water	Towel dry
2. Metalware	Rinse/cool water	Soap & hot water	Cool water	Towel dry
3. Glassware	Rinse/cool water	Soap & hot water	Hot water	Air dry
4. Rubber goods	Rinse/tap water	Soap & warm water	Warm water	Towel dry
5. Plastics	Rinse/tap water	Soap & warm water	Warm water	Towel dry
6. Cotton Cloth	If stained, Soak/cool water	---	---	Bag - Take to laundry
7. Blankets	---	---	---	Bag - Take to laundry
8. Paper or Disposable	---	---	---	Burn

GO ON TO PAGE 10

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THE PRINCIPLES OF CLEANING A PATIENT'S UNIT

ACTIVITIES

3. Nursing Personnel's Responsibility to Cleaning the Patient's Unit Daily.
   a. need for cleaning
      (1) microorganism and spread
      (2) appearance of patient's environment
      (3) organization of equipment and supplies
   b. housekeeping staff of present, will do daily and and discharge cleaning (must be cooperative with them)
   c. housekeeping staff not present or available - becomes nursing task
      (1) week - ends
      (2) evening and night shifts
      (3) contraindication for housekeeping staff
4. Contraindications for Daily Cleaning of Patient's Unit (at routine time)
   a. patient's condition critical
   b. task or procedures being performed for patient in unit
   c. minister or physician with patient in unit
   d. patient totally refuses task be performed
   e. patient in isolation - special procedure necessary

OPTION A GO ON TO PAGE 11

OPTION B GO TO ACTIVITY OF YOUR CHOICE

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DEMONSTRATION ON CLEANING A PATIENT'S UNIT

INSTRUCTIONS

1. If you are on OPTION A, observe the demonstration on "Cleaning A Patient's Unit" by:
    a. attending the demonstration when instructed to do so by your teacher
    b. following the proper steps of the procedure listed on pages 12 - 15

2. If you are on OPTION B, observe the demonstration on "Cleaning A Patient's Unit" by:
    a. signing up for a demonstration time on the proper sheet
    b. attending the demonstration at proper time and place
    c. following the proper steps of the procedure listed on pages 12 - 15

GO ON TO PAGE 12

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DEMONSTRATION ON CLEANING A PATIENT'S UNIT

ACTIVITIES

1. Cleaning Supplies and Equipment for Daily Cleaning.
   - a. cleaning cloths or sponges
   - b. soap or disinfectant
   - c. scouring powder
   - d. damp mop
   - e. bucket with water
   - f. plastic liner bags or newspaper
   - g. rubber glove(s) (if hands are sensitive or disinfectant used for hand cleaning)
   - h. toilet bowl cleaner and brush
   - i. large plastic container for disposable trash

2. Steps in Routine Daily Cleaning of Patient's Unit
   - a. check for any contraindications to cleaning unit
   - b. gather supplies and take to room
   - c. wash hands or apply gloves
   - d. check for any special equipment
   - e. if equipment present and in use, clean according to type of material and/or hospital policy
   - f. remove any special equipment no longer in use
   - g. dispose of any patient's personal belongings, no longer wanted or needed, in trash bag and/or straighten up other things
   - h. water any flowers needing care (remove those not wanted)
   - i. empty waste containers into proper receptacle (trash bag)
   - j. damp dust all furniture - going from cleanest area to most soilable

GO ON TO PAGE 13

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DEMONSTRATION ON CLEANING A PATIENT'S UNIT

ACTIVITIES

k. damp mop floor (side to side - going from inner corners to door
l. return any furniture to proper area
m. scour bathroom fixtures
    (1) basin first
    (2) stool second
n. clean toilet bowl with proper cleanser and brush
o. damp mop bathroom floor
p. remove gloves or wash hands
q. replenish any supplies in bathroom
r. return cleaning supplies to proper place
s. discard waste receptacle or bag in proper manner
t. clean any unused equipment, removed from patient's unit, in proper manner and send to Central Service or designated area

3. Supplies and Equipment Needed for Discharge Cleaning
    a. all those supplies needed for daily cleaning as listed in number 1, page 12
    b. a utility cart (to hold all patient equipment to be sterilized, e.g., wash basin, bed pan, etc.)
    c. large plastic bag or container (for any personal possessions forgotten by patient or patient's family) and tape
    d. laundry hampers for all soiled linen

GO ON TO PAGE 14

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HOE

DEMONSTRATION ON CLEANING A PATIENT'S UNIT

ACTIVITIES

4. Steps for Discharge Cleaning
    a. assemble all cleaning supplies and equipment and take to patient's unit
    b. apply gloves
    c. observe unit and check through drawers and closet
    d. place any possessions left, into bag or container; tape closed and label with patient's name
    e. remove all disposable materials from unit and place in waste container
    f. remove any special equipment and take to utility room
    g. remove all small equipment used by patient (e.g. wash basin, bed pan, etc.), place on utility cart and take to utility room
    h. raise bed to working level
    i. strip bed and drawers of all linen and place in laundry hamper
        (1) follow institution policy for care of blankets
        (2) follow institution policy for care of rubber draw sheets
    j. place pillow on chair
    k. adjust cranks for head and foot of gatch frame bed so that coils of bedsprings can be reached

GO ON TO PAGE 15

DEMONSTRATION ON CLEANING A PATIENT'S UNIT

ACTIVITIES

1. Using a clean cloth or sponge and disinfectant solution, proceed as follows;
    - (1) wash framework of bed (then lower head and foot to flat position)
    - (2) wash bed-side table inside and out (leave drawers to air)
    - (3) wash bed-side chair after placing pillows on mattress
    - (4) damp dust surface of mattress
    - (5) turn mattress
    - (6) damp dust other surface of mattress
    - (7) damp dust pillow
    - (8) let mattress and pillow air dry

m. Damp mop floor
n. Clean wash bowl and toilet stool with disinfectant
o. Clean toilet bowl with cleaner and brush
p. Replenish any supplies in bathroom
q. Damp mop bathroom floor
r. Store sterile equipment such as wash basin, bed pan, etc. in bed-side table
s. Place furniture of unit in proper place

OPTION A GO ON TO PAGE 16

OPTION B GO TO ACTIVITY
OF YOUR CHOICE

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REFERENCE REPORT

INSTRUCTIONS

Based on your reference reading and the lecture notes, complete the "Reference Report" form on pages 17 - 18 by:

1. placing your name and date on the proper pages on page 17
2. checking the "reference" blank on page 17
3. answering the questions on pages 17 - 18
4. checking report with your teacher

GO ON TO PAGE 17

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QUESTIONS FOR REFERENCE OR DISCUSSION

ACTIVITIES

__________ REFERENCE __________ DISCUSSION

1. Since equipment is a very great source of the spread of microorganisms, why isn't all equipment disposable?

____

____

2. To prevent having to take so much equipment and supplies when cleaning a patient's unit, why isn't the same cleaning substance used for everything? ______________

____

____

3. What is meant by the terms "concurrent cleaning" and "terminal cleaning" ? ______________________

____

____

4. How would the phrase "clean to clean and dirty to dirty" apply to cleaning a patient's unit? ________________

____

____

GO ON TO PAGE 18

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HOE

5. Why is checking equipment and re-stacking supplies in the occupied patient's unit important? ______________

____

____

6. Since most hospitals and health care agencies have house keeping staffs, why should other health care workers learn how to clean a patient's unit? ______________

____

____

____

____

CHECK YOUR ANSWERS WITH YOUR TEACHER

OPTION A GO TO PAGE 19

OPTION B GO TO THE ACTIVITY OF YOUR CHOICE

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HOE

PRACTICE SESSION CLEANING A PATIENT'S UNIT

INSTRUCTIONS

With your student partner, go to the nursing skills laboratory and:

1. use the performance check list for routine daily cleaning on pages 20 & 21

2. use the "Four Patient's Units with Improper Equipment and Supplies" on pages 22 & 23

3. practice daily cleaning with each of the four (4) units described on pages 22 & 23

4. have your partner observe you

5. observe your partner's practice

GO ON TO PAGE 20

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HOE

CHECK LIST

ROUTINE DAILY CLEANING

U S

_____ _____ 1. Checks for any contraindications to cleaning unit

_____ _____ 2. Gathers supplies and organizes systematically

_____ _____ 3. Washes hands and/or applies gloves

_____ _____ 4. Removes any special equipment or supplies longer in use (takes to service area) *

_____ _____ 5. Disposes of any patient's personal belongings no longer wanted, in correct manner *

_____ _____ 6. Puts away and/or straightens up other personal belongings of patient *

_____ _____ 7. Cares for flowers in patient's unit *

_____ _____ 8. Damp dusts all furniture (going from cleanest area to most soiled)

* if applicable

GO ON TO PAGE 21

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ROUTINE DAILY CLEANING

CHECK LIST

U	S		
______	______	9.	Damp mops floor (using proper method)
______	______	10.	Re-places all furniture to proper place
______	______	11.	Scours bathroom fixtures (cleanest area to dirtiest) *
______	______	12.	Cleans toilet bowl with cleaner and brush *
______	______	13.	Damp mops bathroom floor * (using proper method)
______	______	14.	Removes gloves and/or washes hands *
______	______	15.	Checks for and/or replenishes any supplies in bathroom *
______	______	16.	Returns cleaning supplies to proper place
______	______	17.	Discards waste material correctly
______	______	18.	Cleans any unused equipment in proper manner to send to Central Service
______	______	19.	Maintains medical asepsis * *
______	______	20.	Completes task in 20 minutes or less * *

SCORE ____________

* if applicable
** entire test unsatisfactory if marked

GO ON TO PAGE 22

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ACTIVITIES

"FOUR PATIENT'S UNITS WITH IMPROPER EQUIPMENT AND SUPPLIES"

You, a health worker, are asked to clean four patient's units for your morning assignment. Look at the assignments below and decide how you will plan your daily cleaning around the additional equipment and/or supplies.

1. The unit in room #706 has the following additional equipment and/or supplies:
    a. extra pillows piled in the chair
    b. unused I.V. pole sitting by the head of the bed
    c. laundry bag left hanging in room after bed was made

2. The unit in room #709 has the following additional equipment and/or supplies:
    a. urinal sitting on bed-side table
    b. patient's cosmetics on bed-side table
    c. used irrigation or dressing set(s) sitting on chair

3. The unit in room #712 has the following additional equipment and/or supplies:
    a. smoking equipment on bed-side table
    b. magazines, newspapers, etc., scattered on patient's bed
    c. bed made and bath blanket draped over half of chair

GO ON TO PAGE 23

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"FOUR PATIENT'S UNITS WITH IMPROPER EQUIPMENT AND SUPPLIES"

ACTIVITIES

4. The unit in room #713 has the following additional equipment and/or supplies:

    a. many flowers in patient's unit

    b. patient' lying in bed with bathrobe, slippers, etc.

    c. unused I.V. board lying on bed-side table

GO ON TO PAGE 24

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PRACTICE SESSION CLEANING A PATIENT'S UNIT AFTER DISCHARGE

INSTRUCTIONS

With your student partner, go to the nursing skills laboratory and:

1. use the performance check list for discharge cleaning, pages 25 - 27
2. practice discharge cleaning
3. have your partner observe you
4. observe your partner's practice

GO ON TO PAGE 25

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DISCHARGE CLEANING CHECKLIST

ACTIVITIES

U	S		
		1.	Assembles all cleaning equipment and takes to patient's unit (including utility cart)
		2.	Applies gloves
		3.	Checks all drawers and closet for supplies and patient's belongings
		4.	Places any patient's possessions left in container and labels
		5.	Disposes of all wastes correctly
		6.	Removes any special equipment from room and takes to service room
		7.	Removes all small equipment to be cleaned and sterilized and places on utility cart
		8.	Raises bed to working level
		9.	Places all linen in laundry hamper (takes blanket and rubber draw sheet to Service area)
		10.	Takes pillow off bed

GO ON TO PAGE 26

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HOE

DISCHARGE CLEANING CHECKLIST

ACTIVITIES

U	S		
______	______	11.	Adjusts gatch frame properly and washes entire frame of bed (uses disinfectant in lab)
______	______	12.	Cranks bed to flat position and returns pillow to bed
______	______	13.	Washes bed-side table and drawers (leaves drawers open to air dry)
______	______	14.	Washes bed-side chair
______	______	15.	Damp dusts exposed surface of mattress
______	______	16.	Turns mattress (asks for help to do so)
______	______	17.	Damp dusts other side of mattress and pillow (leaves to air dry)
______	______	18.	Damp mops floor
______	______	19.	Cleans wash bowl and toilet stool with disinfectant (in that order) *
______	______	20.	Cleans toilet bowl with cleaner and brush *

* if applicable

GO ON TO PAGE 27

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HOE

DISCHARGE CLEANING CHECKLIST

ACTIVITIES

U	S		
		21.	Damp mops bathroom floor *
		22.	Takes off gloves
		23.	Stores sterilized equipment such as wash basin, bed pan, etc. in bed-side table
		24.	Places furniture in proper place
		25.	Maintains medical asepsis * *
		26.	Completes task in 20 minutes or less * *

* if applicable

* * entire test unsatisfactory if marked

SCORE ______________

OPTION A GO TO PAGE 28

OPTION B GO TO ACTIVITY OF YOUR CHOICE

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OPTION A

INSTRUCTIONS

1. Check the teacher's master sheet to make certain you have completed all activities for this system.

2. If you feel you have reached your objective, ask your teacher for the "Master Test".

3. If you do not feel ready for the test, go on to OPTION B on page 5 of the module and do all the activities.

4. If you have completed OPTION A and OPTION B and do not feel ready for the test, see your teacher.

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OPTION B

INSTRUCTIONS

1. Check the teacher's master sheet to make certain you have completed all activities for this option.

2. If you feel you have reached your objective, ask your teacher for the "Master Test".

3. If you do not feel ready for the test, go to OPTION A on page 4 of the module and do all the activities.

4. If you have completed OPTION A and OPTION B and do not feel ready for the test, see your teacher.

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger, R.N.
Funded by: Indiana State Board of Vocational and Technical Education

PROJECT H.O.P.E.

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MASTER TEST

MODULE # AI (34589 12 II 15-17 V 60) 2 - 5

CLEAN A PATIENT'S UNIT

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

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CLEAN A PATIENT'S UNIT

MASTER TEST

INSTRUCTIONS

1. Sign up for an available time to demonstrate:
   a. "Routine Daily Cleaning"
   b. "Discharge Cleaning"

(be certain the times do not overlap one another)

2. Write your name and date on the proper spaces on page 2
3. At the scheduled time for your testing, present the following check list to your teacher.
4. At the time of testing for "Routine Daily Cleaning" you will:
   a. draw one of four possible situations for your testing
   b. perform routine daily cleaning, for that situation, when told to begin
5. When time is called, proceed to the page given at the end of the performance test.

GO ON TO PAGE 2

AI 34589 12 II 15 17 V 60 2 - 5

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NAME:______________________ DATE:__________

MASTER TEST

1. ROUTINE DAILY CLEANING

U	S		
____	____	1.	Checks for any contraindications to cleaning unit
____	____	2.	Gathers supplies and organizes systematically
____	____	3.	Washes hands and/or applies gloves
____	____	4.	Removes any special equipment or supplies longer in use (takes to service area) *
____	____	5.	Disposes of any patient's personal belongings no longer wanted, in correct manner *
____	____	6.	Puts away and/or straightens up other personal belongings of patient *
____	____	7.	Cares for flowers in patient's unit *
____	____	8.	Damp dusts all furniture (going from cleanest area to most soiled)

* if applicable

GO ON TO PAGE 3

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CLEAN A PATIENT'S UNIT

ROUTINE DAILY CLEANING

MASTER TEST

U	S		
		9.	Damp mops floor (using proper method)
		10.	Re-places all furniture to proper place
		11.	Scours bathroom fixtures (cleanest area to dirtiest) *
		12.	Cleans toilet bowl with cleaner and brush *
		13.	Damp mops bathroom floor * (using proper method)
		14.	Removes gloves and/or washes hands *
		15.	Checks for and/or replenishes any supplies in bathroom *
		16.	Returns cleaning supplies to proper place
		17.	Discards waste material correctly
		18.	Cleans any unused equipment in proper manner to send to Central Service
		19.	Maintains medical asepsis * *
		20.	Completes task in 15 minutes or less * *

SCORE ______________

* if applicable
* * entire test unsatisfactory if marked

GO ON TO PAGE 4

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Funded by: State Board of Vocational and Technical Education

HOE

MASTER TEST

INSTRUCTIONS

"DISCHARGE CLEANING"

1. At the scheduled time for your testing present the following check list to your teacher.

2. At the time of testing for "Discharge Cleaning" you will perform discharge cleaning when told to begin.

3. When time is called proceed to the page given at the end of the performance test.

GO ON TO PAGE 5

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HOE

NAME: ______________________ DATE: ______________

MASTER TEST

2. TERMINAL OR DISCHARGE CLEANING CHECKLIST

U	S		
_____	_____	1.	Assembles all cleaning equipment and takes to patient's unit (including utility cart)
_____	_____	2.	Applies gloves
_____	_____	3.	Checks all drawers and closet for supplies and patient's belongings
_____	_____	4.	Places any patient's possessions left in container and labels
_____	_____	5.	Disposes of all wastes correctly
_____	_____	6.	Removes any special equipment from room and takes to service room
_____	_____	7.	Removes all small equipment to be cleaned and sterilized and places on utility cart
_____	_____	8.	Raises bed to working level
_____	_____	9.	Places all linen in laundry hamper (takes blanket and rubber draw sheet to Service area)
_____	_____	10.	Takes pillow off bed

GO ON TO PAGE 6

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DISCHARGE CLEANING CHECKLIST

MASTER TEST

U	S		
______	______	11.	Adjusts gatch frame properly and washes entire frame of bed (uses disinfectant in lab)
______	______	12.	Cranks bed to flat position and returns pillow to bed
______	______	13.	Washes bed-side table and drawers (leaves drawers open to air dry)
______	______	14.	Washes bed-side chair
______	______	15.	Damp dusts exposed surface of mattress
______	______	16.	Turns mattress (asks for help to do so)
______	______	17.	Damp dusts other side of mattress and pillow (leaves to air dry)
______	______	18.	Damp mops floor
______	______	19.	Cleans wash bowl and toilet stool with disinfectant (in that order) *
______	______	20.	Cleans toilet bowl with cleaner and brush *

* if applicable

GO ON TO PAGE 7

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DISCHARGE CLEANING CHECKLIST

POST - TEST

U	S		
_____	_____	21.	Damp mops bathroom floor *
_____	_____	22.	Takes off gloves
_____	_____	23.	Stores sterilized equipment such as wash basin, bed pan, etc. in bed-side table
_____	_____	24.	Places furniture in proper place
_____	_____	25.	Maintains medical asepsis * *
_____	_____	26.	Completes task in 20 minutes or less * *

* if applicable

* * entire test unsatisfactory if marked

GO ON TO PAGE 8

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INSTRUCTIONS

UPON COMPLETION OF THE MASTER TEST

1. Check your performance tests with your teacher.

2. If you passed the master test for this module, consult your schedule for the module you should start next.

3. If you did not pass the master test and have not gone through the module, select one of the options and complete all the activities.

4. If you did not pass the master test, but have gone through OPTION A, go to OPTION B on page 5 and complete all the activities.

5. If you did not pass the master test, but have gone through OPTION B, go to OPTION A on page 4. Complete all the activities.

6. If you did not pass the master test, but have gone through both OPTION A and OPTION B, see your teacher.

Project HOPE, written Spring 1976; revised Fall 1976 by Phyllis Bilger
Funded by: Indiana State Board of Vocational and Technical Education

PROJECT H.O.P.E.

PRINTS

Project Number: 51-75-D 1975-76
16-76T-D-2 1976-77

MODULE # AI (34589 12 II 15-17 V 60) 2 - 5

CLEAN A PARIENT'S UNIT

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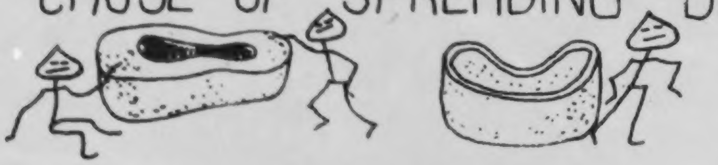
THE PRINCIPLES OF CLEANING A PATIENT'S UNIT-

ESSENTIALS YOU NEED TO KNOW FOR PROPER CLEANING

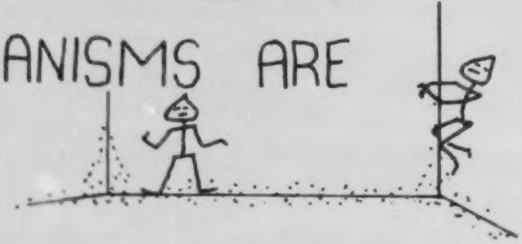
PROJECT HOPE, FALL, 1976 BY HELENE BAKER
Funded by: Indiana State Board of Vocational and Technical Education

PRINCIPLES IN CONTROL OF MICROORGANISMS

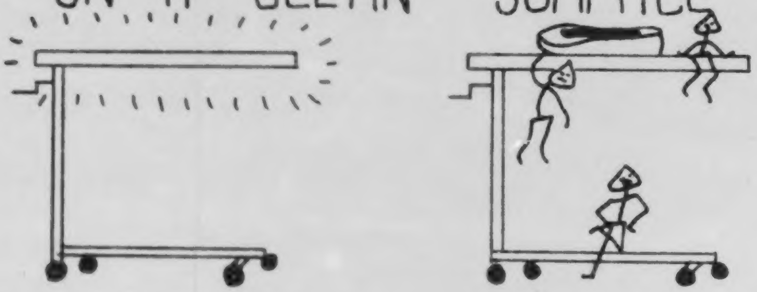
1. EQUIPMENT CAN BE THE CAUSE OF SPREADING DISEASE



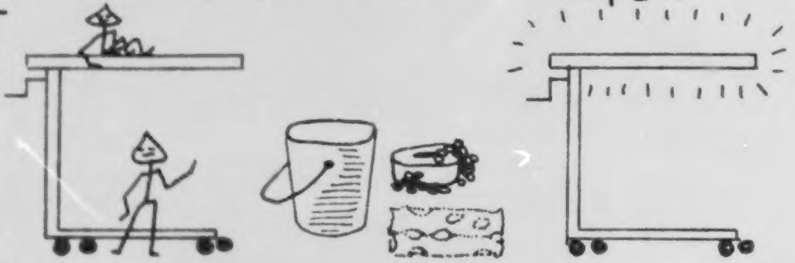
2. MICROORGANISMS ARE FOUND IN DUST



3. SOILED ARTICLES PLACED ON A CLEAN SURFACE –



4. CLEANING PROPERLY REMOVES MICROORGANISMS FROM EQUIPMENT



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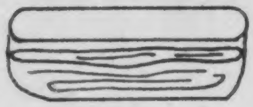
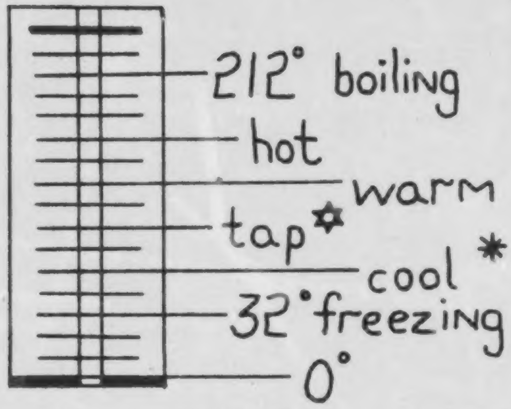
PRECLEAN

PRE-RINSE

PRE-SOAK



LOOSENS SOIL - HELPS CLEANING


212° boiling
hot
warm
tap ✡
cool *
32° freezing
0°

TEMPERATURE MATTERS

* ENAMEL-WARE
METAL-WARE
GLASS-WARE
CLOTH

✡ RUBBER GOODS
PLASTICS

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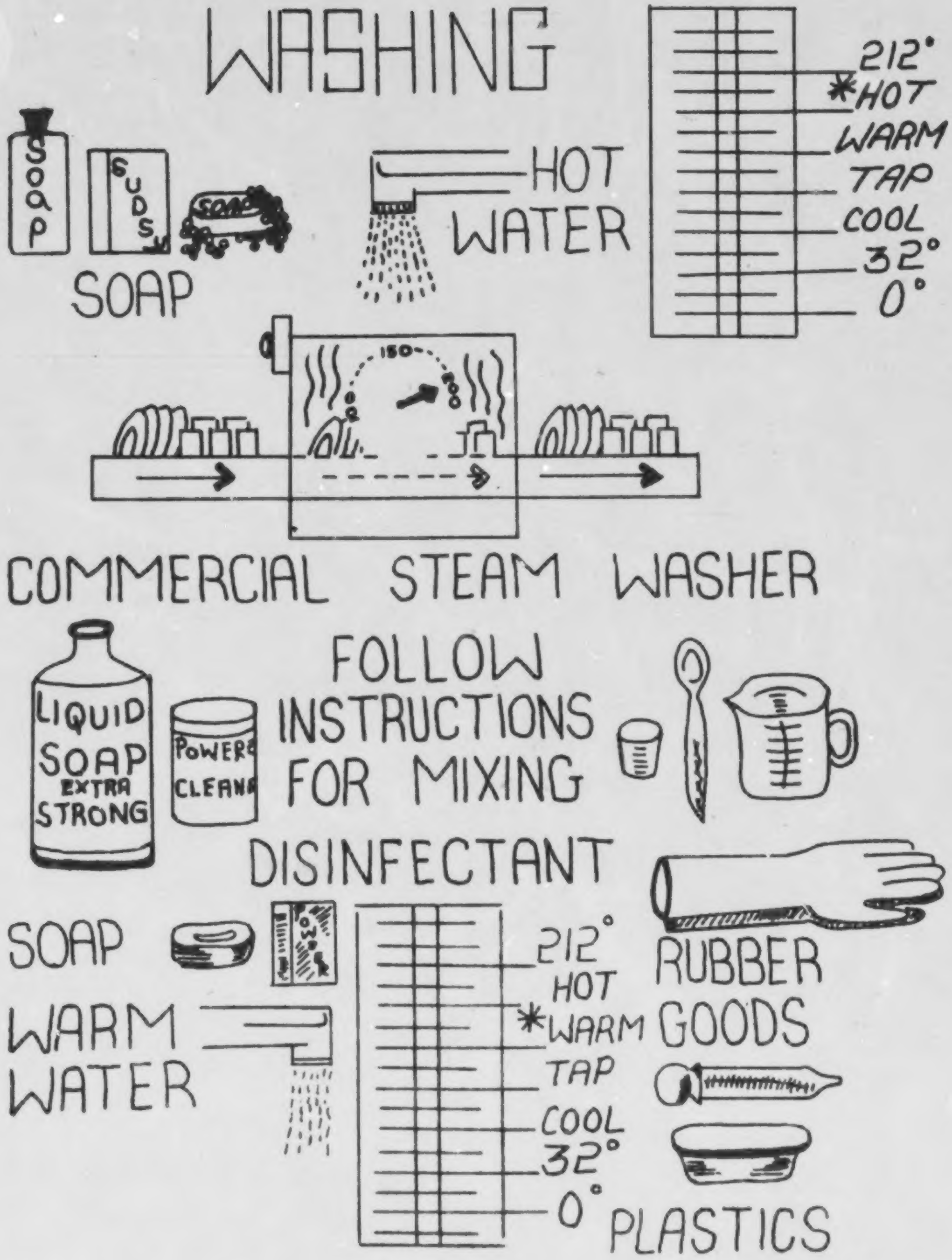
WASHING
SOAP
SUDS
SOAP
SOAP
HOT
WATER
212°
*HOT
WARM
TAP
COOL
32°
0°
150
COMMERCIAL STEAM WASHER
LIQUID
SOAP
EXTRA
STRONG
POWER
CLEANER
FOLLOW
INSTRUCTIONS
FOR MIXING
DISINFECTANT
SOAP
POWDER
WARM
WATER
212°
HOT
*WARM
TAP
COOL
32°
0°
RUBBER
GOODS
PLASTICS

PROJECT HOPE, FALL, 1976 BY HELENE BAKER
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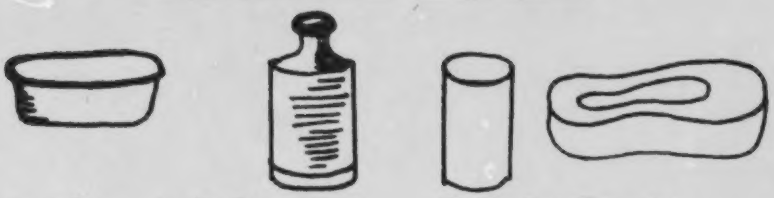
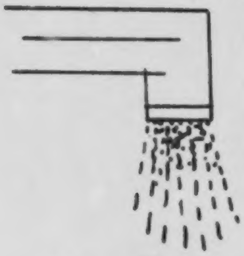
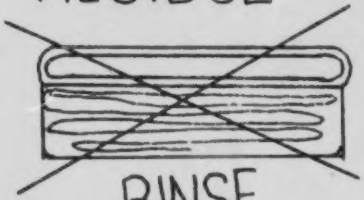
RINSING



SOAP LEAVES RESIDUE

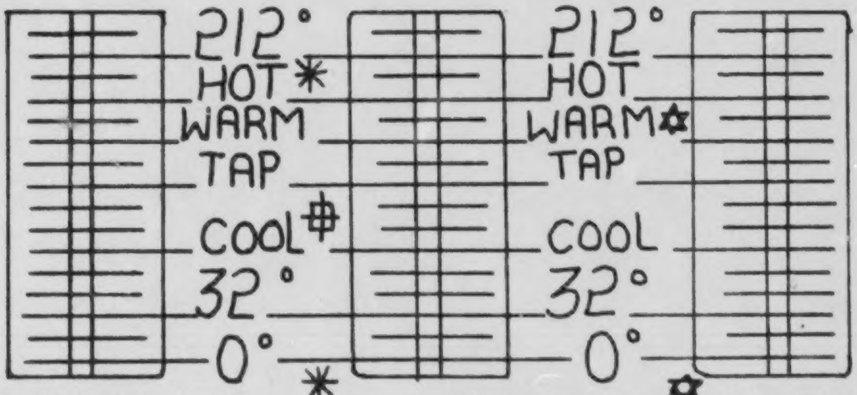


RUNNING
WATER
BEST
CARRIES
AWAY RESIDUE



RINSE

NOT GOOD



212°
HOT*
WARM
TAP
COOL⌖
32°
0°
212°
HOT
WARM✡
TAP
COOL
32°
0°

⌖ ENAMEL WARE
METAL WARE

* GLASSWARE

✡ RUBBER
GOODS
PLASTICS

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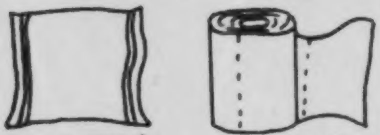
DRYING

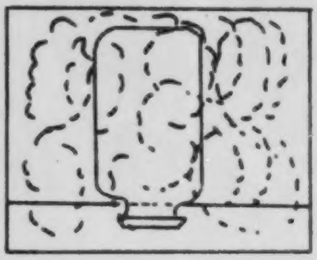
TOWELING



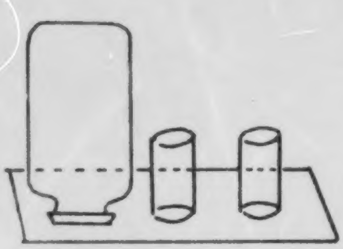
CLOTH - PAPER

/ ENAMEL WARE
- METAL WARE
- RUBBER GOODS
\ PLASTICS

HOT AIR



AIR DRY



GLASSWARE

LINENS - DISPOSABLES

SPECIAL INSTRUCTIONS TO PREVENT SPREAD OF MICROORGANISMS.

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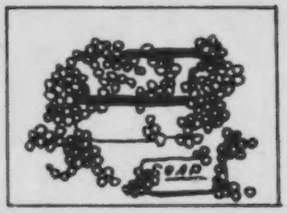
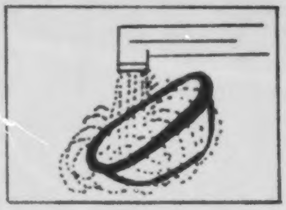
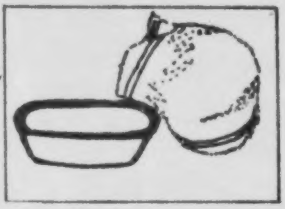
WASH PROPERLY



RINSE PROPERLY



DRY THOROUGHLY

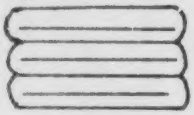


FOR ALL SUBSTANCE

ENAMEL — RUBBER

METAL — PLASTIC

GLASS — COTTON WOOL



PROJECT HOPE, FALL, 1976 BY HELENE BAKER
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STANDARD-ADDITIONAL EQUIPMENT FOR A PATIENT'S UNIT

? ? ? ? ?

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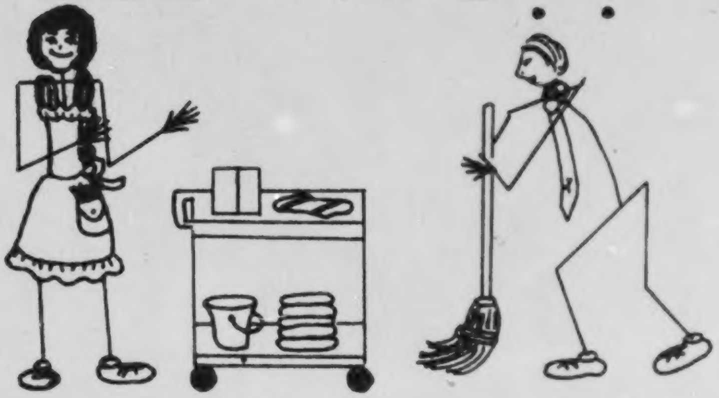
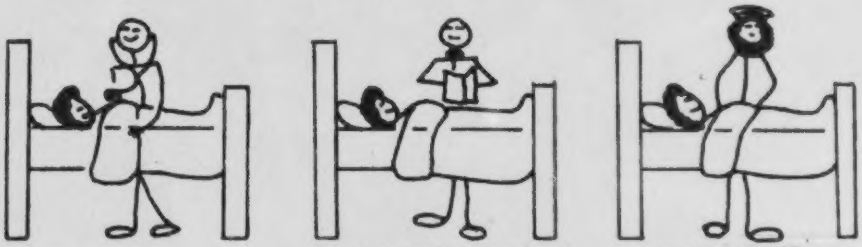
WHO DOES THE CLEANING??



HOUSEKEEPING STAFF ACCORDING TO SCHEDULE UNLESS THERE ARE CONTRAINDICATIONS.



DOCTOR MINISTER NURSE

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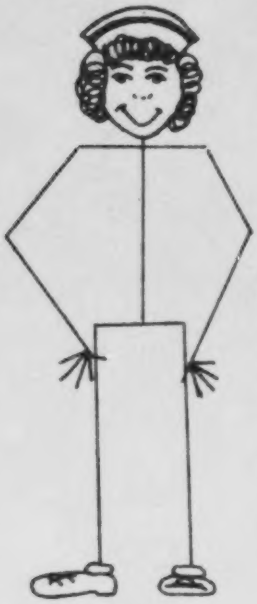
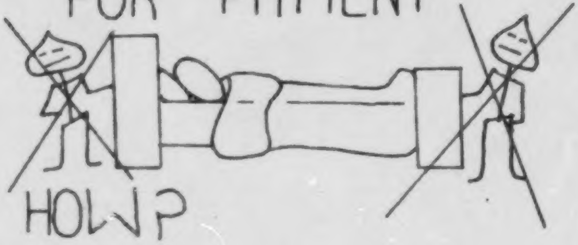
IF NO HOUSEKEEPING STAFF—WHO IS RESPONSIBLE FOR KEEPING PATIENT'S UNIT CLEAN???



NURSING STAFF

WHY?

CLEAN ENVIRONMENT FOR PATIENT



HOW?

STANDARD METHODS

STEP
BY
STEP

PROJECT MORE, FALL, 1976 BY HELENE BAKER
Funded by: Indiana State Board of Vocational and Technical Education

HEALTH OCCUPATIONS EDUCATION

STUDENT BROCHURE MODEL

DEVELOPED BY: PHYLLIS J. BILGER, R.N., PROJECT RESEARCHER
FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION
PROJECT NUMBER: 16 - 76T - D - 2

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During the 1974-1975 year of Indiana Health Occupations Research Project (Grant Number 40-74-D-5), the greatest portion of the time spent by Performance Based Student Training Component was on researching specific tasks performed by the job incumbents of the determined 87 Health Occupations vocational job titles.

The main bulk of the 1975-1976 (Project Number 51-75-D) year of the aforementioned component of the project was divided between establishing a Performance Based Student Training system and preparing a curriculum model based upon that teaching system.

Development of a full-training program for even one of the job titles, based upon the established training system, will take time. However, many Health Occupations Educators have expressed a desire for guidelines in the use of the data.

In an effort to give practical implementation to the research, data, this TEACHER PLANNING MODEL and corresponding STUDENT BROCHURE MODEL have been developed. The development of these models is based upon suggestions from Dr. Bill West, Mary Holstein, Shirley Smalley, and my own personal opinions.

Phyllis J. Bilger

HEALTH OCCUPATIONS EDUCATION

STUDENT BROCHURE MODEL

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WHAT IS HEALTH OCCUPATIONS EDUCATION?

Health Occupations Education is one of the newest areas in vocational education. In 1900 there were only .5 million workers in health occupations in the United States and approximately 97% of these were doctors and dentists.

Today there are approximately 4.5 million workers in over 400 job titles relating to health occupations. About 125 of these 400 job titles are directly related to the care of people, either as preventative or immediate care. Examples of some of these job titles are:

- registered nurse
- nurse aide
- physical therapy aide
- occupational therapist
- x-ray technician
- laboratory technician

The remaining group of workers are referred to as related health occupations persons. This related group would include job titles such as:

- housekeeping worker
- opthalmic lab technician
- dietary aide
- insurance clerk
- dental laboratory technician
- veterinary assistant

WHERE ARE HEALTH OCCUPATIONS PROGRAMS TAUGHT?

Although some jobs in health occupations, such as a doctor, require four years or more of college education, many of the other 400 plus job titles do not require four years of college. There are many health occupations job titles that require only two years and some require only a year or less. Besides regular colleges, health occupations programs may be taught in junior colleges, vocational colleges, health care agencies, and vocational high schools. Of those programs that require a year or less of training time, it is felt that the required classes can be taught in a vocational setting, possibly while the student is completing high school requirements. For further details, those persons interested should talk with the head of the health occupations program.

WHAT HEALTH OCCUPATIONS JOBS DO NOT REQUIRE A COLLEGE DEGREE?

In the state of Indiana, 87 job titles requiring less than four years of education have been identified. On the following page you will find a full listing of the 87 job titles, grouped according to the category to which each best belongs. Those job titles marked with an (*) indicate ones for which a full listing of tasks for the job titles have been developed. Look over the list carefully and see if there are any job titles in which you are interested. When you find a job title that does interest you, and you wish to know more about it, turn to the "Job Description Sheet".

JOB TITLES

PATIENT CARE SERVICES

Nursing Service

- Registered Nurse
- L.P.N./L.V.N.
- Nurse Aide/Attendant
- Geriatric Technician
- Orderly
- Corpsman/Clinical Corpsman
- Burn Unit Technician
- Pediatric Technician
- Homemaker/Home Health Aide
- Emergency Medical Technician
- Cardio-Pulmonary/Cardio Vascular Tech.
- Obstetrical Technician
- Ambulance Attendant

Mental Health

- Mental Health Technician
- Mental Health Assistant
- Mental Retardation Technician
- Mental Retardation Aide/Asst.
- Psychiatric Technician
- Psychiatric Aide/Assistant
- Certified Occupational Therapy Asst.
- Occupational Therapy Aide
- Recreational Therapy Technician
- Recreational Therapy Aide/Asst.
- Music Therapist Aide
- Drama Therapist Aide

Diagnostic

- Certified Laboratory Assistant
- Medical Laboratory Technician
- Laboratory Aide
- Cytotechnologist
- Histologic Technician
- Diener
- Electro-encephlegraphic Technician
- Radiological Technologist
- Registered Radiation Therapy Tech.
- Radiologic Department Aide
- Darkroom Aide/Assistant
- Nuclear Medical Technologist

Physical Rehabilitation

- Physical Therapy Assistant
- Physical Therapy Aide/Orderly
- Ortho/Prosthetic Technician
- Ortho/Prosthetic Assistant
- Podiatric Assistant
- Certified Respiratory Therapy Aide
- Respiratory Therapy Aide
- Pulmonary Function Technician
- Ophthalmic Lab Technician
- Optometric Technician
- Optometric Assistant

Dietary

- Dietetic Aide
- Dietary Technician

Ancillary

- Urologic Physician's Assistant
- Operating Room Technician
- Surgical Aide /Assistant
- Central Service Aide/Assistant
- Orthopedic Physician's Assistant
- Circulation/Extra Corporeal Technician
- Hemodialysis Technician
- Orthopedic Cast Specialist
- Pharmacy Aide/Technician
- Housekeeping Worker

DENTAL CARE SERVICES

Direct Patient Contact

- Dental Assistant
- Oral Surgery Dental Assistant
- Orthodontic Assistant
- Pedadontic Dental Assistant
- Endodontic Dental Assistant
- Expanded Duties Dental Assistant

Indirect Patient Contact

- Dental Receptionist
- Dental Laboratory Technician

MEDICAL AND CLERICAL SERVICES

Medical Records Services

- Medical Transcriber
- Medical Stenographer
- Medical-Dental Secretary
- Medical Librarian Assistant
- Medical Records Clerk
- Medical Records Technician
- Insurance Clerk

Clinical

- Ward Unit Clerk
- Ward Secretary
- Medical Assistant

ANIMAL CARE

Nursing Service

- Veterinary Assistant
- Groomer

Diagnostic

- Veterinary Lab Assistant
- Veterinary X-Ray Assistant
- Cage-Care Assistant

Auxiliary

- Receptionist
- Recordkeeper

OTHER

____

____

____

WHAT IS REQUIRED TO ENTER A HEALTH OCCUPATIONS JOB TITLE?

Requirements for entering a specific health occupations job title will vary. All persons working in the health occupations field are expected to have compassion and understanding, to attempt to communicate, and keep in mind at all times the well-being of people. Since working directly or indirectly with patients also requires that a worker have specific information, abilities, and skills, each job title will have minimum entrance requirements or pre-requisites. Pre-requisites have been established for those job titles from the Health Occupations Job Cluster marked with an (*). For those interested in the pre-requisites of any of those job titles, turn to the Job Description Comparison Sheet.

HOW LONG WILL IT TAKE TO COMPLETE A HEALTH OCCUPATIONS TRAINING PROGRAM?

Some health occupations programs have a definite time length established that must be met in order for the student to satisfactorily complete the course or program. Other programs tend to be more flexible and allow the student to progress through the course at his/her own rate of speed. This second type of program is based on the information and tasks a person must successfully complete to qualify for the job title. Some tasks are learned quickly; others require time for the worker to become skillful in performance. A full list of tasks needed for each of the 8 job titles is given in this brochure. This listing would give you an idea of what tasks needs to be learned.

WHERE WILL THE HEALTH OCCUPATIONS JOBS BE?

For many years, those persons engaged in health occupations worked only in hospitals or in doctors' and dentists' offices. As the list of job titles has increased in number and variety of skills performed, so have the possible areas of employment. While in a training program, practice and experience will be obtained in both the school laboratory and a work site. Once the program is successfully completed, a variety of work sites may be available to the worker. Possible areas of employment for the 8 job titles of the Health Occupations Job Cluster can be found on the Job Description Comparison Sheet.

WHAT SALARY WILL BE EARNED?

While a student is in the process of completing a training program, it will depend upon the individual program as to whether a salary is received or not. If monies are received during the program, they will vary from a small stipend (allowance) to around minimum wage. Upon completion of a training program, salary received will depend upon the level of tasks performed and the responsibilities expected of the worker. Salaries will also vary with the region of the state, with higher salaries usually being offered in large urban areas. Allowing for the differences given, an approximate salary scale for the 8 job titles is listed on the Job Description Comparison Sheet.

JOB DESCRIPTION COMPARISON SHEET

JOB TITLE	PREREQUISITES FOR PROGRAM	GENERAL JOB DESCRIPTION	POSSIBLE AREAS OF EMPLOYMENT	APPROXIMATE SALARY
NURSE AIDE/ ATTENDANT	16 years of age/completion of grade 10*/pass physical examination	Basic skills in care of general hospital patients, e.g. baths, shampoos, feeding, temperatures, pulses, respirations, ambulating transporting, simple diversional activities, etc.	general hospital nursing home psychiatric hospital	$.25-.5- above minimum wage
HOMEMAKER	16 years of age/completion of grade 10*/pass physical examination	Most of the basic skills of the nurse aide; a few intermediate skills, e.g., clean dressing change, catheter care, & housekeeping skills, e.g., marketing, care of bedding, cooking, etc.	patient's home	$.50-.75 above minimum wage
EMERGENCY MEDICAL TECHNICIAN	18 years of age/completion of grade 10*/pass physical	General assistance to the victim of an accident or sudden illness, e.g., care of wounds, stoppage of breathing, fractures, trapped victims, etc.	hospital emergency room emergency medical service	$.50-.75 above minimum wage
ORDERLY	16 years of age/completion of grade 10*/pass physical examination	Basic nursing skills of nurse aide; some intermediate skills, e.g., catheter care, irrigation of tubes, clean dressing change, plus specific skills, e.g., set up orthopedic equipment, assist with combative patients, etc.	general hospital nursing home psychiatric hospital	$.50-1.00 above minimum wage
GERIATRIC TECHNICIAN	16 years of age/completion of grade 10*/pass physical	Basic nursing skills of nurse aide; intermediate skills similar to orderly; plus skills specific to the care of aged; administration of medications.	nursing homes long term care center	$.75-1.25 above minimum wage
MENTAL HEALTH ASSISTANT	16 years of age/completion of grade 10*/pass physical	Basic nursing skills of nurse aide; intermediate skills as for Geriatric Tech.; specific skills in care of the mentally ill or retarded; administration of medications	psychiatric hospital mental health center general hospital psychiatric unit	$.75-1.25 above minimum wage
OBSTETRICAL TECHNICIAN	16 years of age/completion of grade 10*/pass physical examination	Basic nursing skills of nurse aide; intermediate skills of Geriatric Technician; nursing skills related to care of patient in labor and delivery, after delivery and care of the new born	general hospital-maternity ward lying-in hospital patient's home	$.75-1.25 above minimum wage
PEDIATRIC TECHNICIAN	16 years of age/completion of grade 10*/pass physical examination	Basic nursing skills of nurse aide; intermediate skills relating to care of children; specific skills relating to care of children and the new born	general hospital-pediatric ward children's hospital	$.75-1.25 above minimum wage

* If grade 10 has not been completed, an equivalency test could be taken.

WHAT TASKS WILL BE NEEDED FOR THE JOB?

Knowing what tasks a person would perform while working usually gives one at least a small idea whether he/she would or would not like to enter a training program for the job.

In the 87 job titles identified for the Health Occupations Job Cluster, there are actually over 2,000 different tasks that are performed. In the 8 job titles shown in the Job Description Comparison Sheet, there are 204 tasks. Of course not all 204 tasks are learned by each one of the 8 job titles. In order that someone considering a training program for one of the 8 job titles can compare where tasks are the same and where they differ for each job title, a complete listing of the 204 tasks has been compiled into a graph with the job titles. The list of tasks is given on the left side of each page and all 8 job titles are listed across the top of each page. An (X) has been placed in the column of each job title across from the task list.

EXAMPLE:

TASKS	Nurse Aide/ Attendant	Homemaker/ Home Health/ Aide	Emergency Medical Technician
Clean a patient's unit following discharge	X		
Make an occupied bed for a patient	X	X	
Feed a patient	X	X	
Bathe a patient in bed	X	X	

As can be seen by the chart on the preceding page, all of these tasks are performed by the Nurse Aide, three of them by the Homemaker/Home Health Aide, and none of them by the Emergency Medical Technician.

To find out what tasks you would be taught and would perform (at least occasionally) turn to the "Tasks For The 8 Job Titles", select the job title in which you are interested, and follow the column under that title down the list of tasks.

LEGEND: TASK FOR THE 8 JOB TITLES

LL = Living Lab SL = School Lab

TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SITE
1.a.	Clean a patient's unit according to daily routine	X	X		X	X	X	X	X	SL
1.b.	Clean a patient's unit following discharge	X	X		X	X	X	X	X	SL
1.c.	Clean an isolation patient's unit	X	X		X	X	X	X	X	SL
2.	Prepare an unoccupied unit for a new patient	X	X		X	X	X	X	X	SL
3.a.	Make an unoccupied bed for a patient	X	X		X	X	X	X	X	SL
3.b.	Make an occupied bed for a patient	X	X		X	X	X	X	X	SL
3.c.	Make a surgical bed for a patient	X	X		X	X	X	X	X	SL
5.	Assist a patient with body elimination	X	X		X	X	X	X	X	SL
8.a.	Administer a.m. care to a patient	X	X		X	X	X	X	X	SL
8.b.	Administer p.m. care to a patient	X	X		X	X	X	X	X	SL
9.	Serve a food tray to a patient	X	X		X	X	X	X	X	SL
10.	Feed a patient	X	X		X	X	X	X	X	SL
11.	Administer oral hygiene to a patient	X	X		X	X	X	X	X	SL
12.	Administer a back rub to a patient	X	X		X	X	X	X	X	SL
	Bathe a patient in bed	X	X		X	X	X	X	X	SL
14.a.	Assist a patient with a tub bath	X	X		X	X	X	X	X	SL

LEGEND: TASK FOR THE 8 JOB TITLES

LL = Living Lab   SL = School Lab

TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SI
14.b.	Assist a patient with a shower	X	X		X	X	X	X	X	SL
15.	Shampoo a patient's hair	X	X		X	X	X	X	X	SL
16.a.	Weigh a patient	X	X		X	X	X	X	X	SL
16.b.	Measure a patient	X	X		X	X	X	X	X	SL
20.a.	Assist a patient to a chair	X	X	X	X	X	X	X	X	SL
20.b.	Ambulate a patient	X	X	X	X	X	X	X	X	SL
20.c.	Transfer a patient to a chair and back to bed	X	X	X	X	X	X	X	X	SL
20.d.	Transfer a patient to a cart and back to bed	X	X	X	X	X	X	X	X	SL
20.e.	Transport a patient	X	X	X	X	X	X	X	X	SL
24.a.	Collect non-sterile urine specimens from a patient	X	X		X	X	X	X	X	LL
24.b.	Collect non-sterile sputum specimens from a patient	X	X		X	X	X	X	X	LL
24.c.	Collect non-sterile stool specimens from a patient	X	X		X	X	X	X	X	LL
24.d.	Collect non-sterile gastric secretions from a patient	X	X		X	X	X	X	X	LL
25.a.	Measure a patient's oral intake	X	X		X	X	X	X	X	SL
25.b.	Measure a patient's total intake	X	X		X	X	X	X	X	SL
25.c.	Measure a patient's liquid output	X	X		X	X	X	X	X	SL

LEGEND: TASK FOR THE 8 JOB TITLES

LL = Living Lab SL = School Lab

TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SITE
26.	Apply supportive binders to patients	X	X		X	X		X	X	SL
28.	Determine a patient's body temperature	X	X	X	X	X	X	X	X	SL
29.	Determine a patient's respirations	X	X	X	X	X	X	X	X	SL
30.	Determine a patient's arterial pulse rate	X	X	X	X	X	X	X	X	SL
31.	Determine a patient's apical pulse rate	X		X	X	X	X	X	X	SL
32.	Determine a patient's apical-radial pulse rates	X		X	X	X	X	X	X	SL
33.	Determine a patient's blood pressure	X		X	X	X	X	X	X	SL
34.	Admit a patient to assigned unit	X			X	X	X	X	X	SL
36.	Discharge a patient from assigned unit	X			X	X	X	X	X	SL
38.	Fill and apply an icebag to a patient	X	X	X	X	X	X	X	X	SL
39.	Fill and apply a hot water bottle to a patient	X	X	X	X	X	X	X	X	SL
40.a.	Apply traction apparatus to patient's bed	X	X		X	X	X	X	X	LL
40.b.	Apply a patient's helper to a patient's bed	X	X		X	X	X	X	X	LL
40.c.	Apply a heat cradle to patient's bed	X	X		X	X	X	X	X	LL
[illegible]d.	Apply a foot board to a patient's bed	X	X		X	X	X	X	X	LL
41.	A unit of study that would include tasks, techniques, and domain theory pertinent to the care of an	X	X		X	X	X	X	X	LL

LEGEND: TASK FOR THE 8 JOB TITLES

LL = Living Lab SL = School Lab

TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SITE
42.	Administer an enema to a patient	X	X		X	X	X	X	X	LL
43.	Prepare simple hot and cold foods for a patient	X	X		X	X	X	X	X	LL
44.	A module explaining the types of diversional activities, when to use them, and for what types of patients	X	X		X	X	X	X	X	LL
45.	Apply restraints to a patient	X	X	X	X	X	X	X	X	SL
46.	Inspect and clean special mattresses used by a patient	X	X		X	X			X	LL
47.	Shave a patient's face	X	X		X	X	X			LL
48.	Operate an addressograph for patient's records	X			X			X	X	LL
49.	Prepare the body of an expired patient for the mortician	X		X	X	X		X	X	LL
50.	Perform preventive decubitus care	X	X		X	X	X	X	X	SL
51.	Compute an 8 and a 24 hour total intake and output	X	X		X	X	X	X	X	SL
52.	Test a patient's urine for sugar and acetone	X	X		X	X	X	X	X	SL
53.	Administer perineal care to a patient	X	X		X	X		X	X	SL LL
54.	Assist the physician with a physical examination of a patient	X			X	X	X	X	X	SL LL
55.	Assist with collecting sterile specimens from a patient	X			X	X	X	X	X	LL
56.	Apply an aqua-pad to a patient				X	X		X		LL
57.	Wrap a patient's extremities with ace bandages	X	X	X	X	X	X	X	X	SL

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TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SITE
58.	Apply non-sterile dressings to a patient		X	X	X	X	X	X	X	SL
59.	Apply non-sterile dressings with ointments to a patient		X		X	X	X			SL
60.	Reinforce partial to complete saturated dressings for a patient		X	X	X	X	X	X	X	SL
61.	A unit of study that would include tasks, technique, and domain theory relative to the care of an unconscious patient	X	X	X	X	X	X	X	X	LL
63.	Apply sterile dressings to a patient				X	X	X	X		SL LL
64.	Irrigate a patient's catheter		X		X	X				SL LL
66.	Catheterize a patient				X	X				SL LL
68.	Administer a gargle to a patient	X	X		X	X	X	X	X	SL
69.	Assist a patient with a sitz bath	X	X		X	X	X	X	X	LL
71.	A unit of study composed of the tasks, techniques, and domain theory relative to the care of a patient in isolation	X			X	X	X	X	X	SL
72.	Insert non-medicated suppositories (rectally) into a patient	X	X		X	X	X	X		LL
73.	Apply moist soaks to a patient	X	X		X	X	X	X	X	SL
74.	Perform decubitus care for a patient	X	X		X	X	X		X	LL
76.	Assist a patient with placement of contact lenses or an artificial eye	X	X		X	X		X	X	LL

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TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SITE
79.	Perform a clean catch urine specimen for a patient	X	X		X	X	X	X	X	LL
80.	Ambulate a patient with walking device	X	X		X	X	X		X	SL
81.	Apply non-mechanical supportive devices to the patient for proper body alignment	X	X		X	X			X	SL
82.	Perform passive range of motion exercises for a patient	X	X		X	X		X	X	SL
84.	Apply a sling to a patient's arm	X	X	X	X	X	X	X	X	SL
86.	Apply pressure, according to American Red Cross standards, to control a patient's bleeding wound(s)	X	X	X	X	X	X	X	X	SL
88.	Administer minor first aid, according to American Red Cross standards, to a patient's bruises, abrasions and burns	X	X	X	X	X	X	X	X	SL
89.	Perform improvised transportation of the injured patient according to American Red Cross standards	X	X	X	X	X	X	X	X	SL
90.	Assist with emergency care for poisoning of a patient according to American Red Cross Standards	X	X	X	X	X	X	X	X	LL
91.	Perform temporary immobilization of a suspected fracture or sprain, according to A.R.C. standards	X	X	X	X	X	X	X	X	SL
92.	Perform artificial respiration for a patient according to American Red Cross standards	X	X	X	X	X	X	X	X	SL
93.	Perform cardio-pulmonary resuscitation for a patient according to the National Conference on standards for CPR	X	X	X	X	X	X	X	X	SL
94.	Extricate a sick or injured victim from the area in which found according to Indiana State EMT standards			X	X	X	X			SL
95.	Administer oxygen to a patient by cannula, mask, or tent	X		X	X	X	X	X	X	LL
97.	Check for functioning and clean oxygen equipment used by the patient			X	X	X	X	X	X	LL

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98.	Assist with giving moist inhalations to a patient								XX	LL
100.	Aspirate a patient's orapharyngeal area			X	X	X		X	X	LL
103.	Empty and clean respiratory suction equipment used for a patient	X		X		X		X	X	LL
107.	Feed a patient via a tube feeding		X			X		X	X	SL LL
112.	Empty and clean levine suction equipment used by a patient		X			X				LL
118.	Apply non-sterile hemorrhoid dressings to a patient				X	X				LL
120.	Change a routine colostomy drainage for a patient	X	X	X	X	X	X	X	X	SL
124.	Implement shock position for a patient	X	X	X	X	X	X	X	X	SL
126.	Perform chair therapy for a patient on complete bed rest	X			X	X				SL
129.	Measure for and apply anti-embolitc stockings for a patient	X	X		X	X		X	X	SL
132.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient with convulsions	X	X	X	X	X	X	X	X	LL
133.	Part of a unit composed of tasks, techniques, and domain theory relative to the care of a patient having an E.E.G. and similar type tests						X			LL
[illegible].	Assist the physician with a lumbar puncture done on a patient				X			X	X	LL
135.	Perform a closed urinary irrigation for a patient				X	X				LL

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TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING S
137.	Instill solution into a patient's bladder					X				LL
139.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient with a supra-public catheter	X	X			X				LL
144.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient in traction	X	X		X				X	LL
145.	Apply skin traction to a patient				X					LL
146.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient in a cast	X	X		X	X	X		X	LL
147.	Observe a patient for the effects of physical therapy	X	X			X			X	LL
148.	Observe a patient adjusting to a new extremity prosthesis	X	X		X	X			X	LL
149.	Apply extremity braces and prostheses to a patient	X	X		X	X			X	LL
150.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient on special frames	X	X		X	X			X	LL
151.	Log-roll a patient that must be kept in exact body alignment	X	X	X	X	X		X	X	SL
152.a.	Re-inforce instruction to the diabetic patient as to diet					X				SL LL
152.b.	Re-inforce instruction to the diabetic patient as to foot care					X				SL LL
152.c.	Re-inforce instruction to the diabetic patient as to urine tests					X				SL LL
156.	Insert a female patient's non-medicated vaginal suppository		X			X				LL

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157.	Perform a vaginal douche for a patient		X			X	X			LL
159.	Instruct and assist the mastectomy patient with specific exercises		X							SL
162.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient with non-acute burns		X	X	X	X			X	SL
164.	Employ a geriatric feeding chair for patients	X	X		X	X				LL
167.	Apply applicable collecting devices on a patient	X	X		X	X				LL
169.a.	Observe remotivation for the regressed patient	X	X			X	X			LL
169.b.	Participate in remotivation for the regressed patient	X	X			X	X			LL
171.	Observe the effects of x-ray procedures done on a patient	X			x	x	x	x	x	LL
173.	Irrigate a patient's wound (non-surgical)		X			X				LL
178.	Prepare a patient for surgery	X			X			X	X	SL
179.	Assist with coughing and deep-breathing exercises for a surgical patient	X			X			X	X	SL
180.	A unit composed of tasks, techniques, and domain theory relevant to the care of a patient in reverse isolation	X			X	X		X	X	SL
181.	Administer a sponge bath to a patient with an elevated temperature	X	X		X	X	X	X	X	LL

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182.	A unit composed of tasks, techniques, and domain theory relevant to the care of a patient recovering from anesthesia	X			X			X	X	LL
183.	Assist with intravenous infusion for a patient							X	X	LL
184.	Re-inforce dietary instruction to a patient on a specialized diet		X			X	X			LL
187.	Admit a maternity patient to the labor room							X		SL
188.	Perform a perineal preparation for a patient in labor							X		LL
189.	Determine fetal heart tones of the unborn fetus		X					X		LL
190.	Time the labor patient's contractions		X					X		LL
192.	Circulate in the delivery room and assist with the patient during the birth process		X					X		LL
193.	Scrub for the delivery and assist the physician during the birth process							X		LL
195.	A unit of study composed of tasks, techniques, and domain theory relative to the care of the mother in the recovery room following birth		X					X		LL
196.	Administer breast care to the post-partum patient							X		LL
198.	Instruct the post-partum patient in her own personal care							X		SL
199.	Admit the infant to the newborn nursery							X		[illegible]
200.	Bathe a newborn infant							X		SL

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LEGEND: . TASK FOR THE 8 JOB TITLES

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TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SITE
205.	Feed a newborn with a bottle							X		LL
206.	Assist a mother with breast feeding of the newborn							X		LL
207.	Assist with the instruction of a mother in care of the newborn							X		SL
209.	Prepare formula feedings for the newborn							X		SL
210.a.	Assist the physician with a newborn circumcision							X		LL
210.b.	Change the circumcision dressing of the newborn							X		LL
211.	A unit of study composed of tasks, techniques, and domain theory relative to the care of an infant with feeding problems							X		LL
212.	A unit of study composed of tasks, techniques, and domain theory relative to the care of an infant in an incubator or isolette							X		LL
213.	A unit of study composed of #211, #212, and any other tasks, techniques, or domain theory relative to the care of a premature infant			X						LL
215.	Admit a child to the pediatric unit								X	LL
216.	A unit of study composed of #211 and any other tasks, techniques, and domain theory relative to the care of any child with feeding problems								X	LL
218.	A unit of study composed of tasks, techniques, and domain theory relative to the observation of behavior of children								X	LL

LEGEND: TASK FOR THE 8 JOB TITLES

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219.	**Apply restraining devices to a child's bed**								X	LL
223.	Observe for and collect specimens of parasites from the child								X	LL
225.	A unit of study composed of tasks, techniques, and domain theory relative to the care of children with physical abnormalities								X	LL
230.	A unit of study composed of tasks, techniques, and domain theory relative to play therapy used for children								X	LL
232.	**Obtain patient and family consents necessary for treatments**			X						LL
233.	**Help prepare accident and safety reports for patients and staff**		X		X	X	X	X	X	SL
236.	A unit of study composed of tasks, techniques, and domain theory relative to the recognition and procurement of assistance for patient's religious needs		X	X		X		X	X	LL
251.	A module of study stressing the role of the health occupations worker in regard to orientation of new personnel	X			X	X	X	X	X	LL
252.	**Assist physician with patient rounds**					X	X			LL
260.	**Assist with preparing all types of requisitions for supplies, tests, etc., for the patient**							X	X	LL
261.	**Prepare individual dosages of medication for the patient**					X	X			[illegible]
262.	**Prepare and give oral medication to the patient**					X	X			SL

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263.	Prepare and give subcutaneous medications to the patient					X				SL
264.	Prepare and give intramuscular medications to the patient					X				SL
266.	Prepare and administer medications rectally and vaginally to a patient					X	X			LL
267.a.	Administer eye drops or ointment to a patient					X	X			LL
267.b.	Administer nose drops or spray to a patient					X	X			LL
269.	Drive an emergency vehicle to transport a patient			X						LL
270.	Obtain and deliver supplies for a patient	X			X			X	X	LL
271.	A unit of study composed of tasks, techniques, and domain theory relative to assisting and participating in occupational activities with patients					X	X			LL
273.	A module of study regarding the health occupations role in the care of the patient's personal possessions	X		X		X	X	X	X	SL
275.	Perform manicure or assist patient to manicure fingernails and toenails	X	X			X	X	X	X	SL
276.	Assist patient with dressing and undressing	X	X		X	X	X	X	X	SL
277.	Employ mechanical devices to move a patient	X	X	X	X	X	X		X	LL
279.	Operate emergency communique' equipment for relay of information about a patient			X						LL
280.	A module of study regarding the health worker's role in ward group meetings regarding mental health patients						X			LL

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306.	A module or study regarding the health worker's position in regard to the patient's planning of his/her own activities						X			LL
710.	A module of study regarding the conditions necessary for the storage of specialized materials							X	X	LL
1204.a.	**Prepare and assemble all linens to be used for delivery room packs**							X		LL
1204.b.	**Prepare delivery room packs to be sterilized**							X		LL
1254.a.	**Clean delivery room following delivery**							X		LL
1254.b.	**Restock supplies in delivery room after being cleaned**							X		[illegible]
1392.	**Perform a digital exam for a patient and remove impaction if present**	X	X		X	X	X	X	X	LL
1395.	A unit of study composed of tasks, techniques, and domain theory relative to the care of combative patients			X	X	X	X			SI LI
1396.	**Administer hearing test to a newborn**							X		LI
1397.	A unit of study composed of tasks, techniques, and domain theory relative to the care of mentally retarded children						X		X	LI
1409.	A module of study regarding the proper way to observe a patient for characteristics of behavioral disorders					X	X		X	SI
1424.	A unit of study composed of tasks, techniques, and domain theory relative to the preparation of meals		X							S

HEALTH OCCUPATIONS EDUCATION

TEACHER PLANNING MODEL

DEVELOPED BY: PHYLLIS J. BILGER, R.N., PROJECT RESEARCHER
FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION
PROJECT NUMBER: 16 - 76T - D - 2

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During the 1974-1975 year of Indiana Health Occupations Research Project (Grant Number 40-74-D-5), the greatest portion of the time spent by Performance Based Student Training Component was on researching specific tasks performed by the job incumbents of the determined 87 Health Occupations vocational job titles.

The main bulk of the 1975-1976 (Project Number 51-75-D) year of the aforementioned component of the project was divided between establishing a Performance Based Student Training system and preparing a curriculum model based upon that teaching system.

Development of a full-training program for even one of the job titles, based upon the established training system, will take time. However, many Health Occupations Educators have expressed a desire for guidelines in the use of the data.

In an effort to give practical implementation to the research, data, this TEACHER PLANNING MODEL and corresponding STUDENT BROCHURE MODEL have been developed. The development of these models is based upon suggestions from Dr. Bill West, Mary Holstein, Shirley Smalley, and my own personal opinions.

Phyllis J. Bilger

IMPLEMENTATION

OF

PERFORMANCE BASED STUDENT CURRICULUM

Across the state, many secondary and post-secondary health occupations programs are currently in progress while others are in the planning stage. Project HOPE personnel realize that current and future programs are extremely varied. However, it is felt that the resource data, the curriculum model, and additional curriculum under development by the project can be a basis for all future performance-based programs desired by any of the health occupation areas.

In order to demonstrate how the research data and the curriculum model can be utilized by educational institutions and health care agencies offering health occupations programs, a "Health Occupations Education-Teacher Planning Model" and a "Health Occupations Education-Student Brochure Model" have been developed.

The HOE Teacher Planning Model consists of:

1. health occupations background information
2. the health occupations cluster of 87 job titles
3. graphic task list for the 8 job titles
4. equipment list necessary to teach the program for the 8 job titles
5. a facilities (floor) plan that could be used for any or all of the 87 job titles

The HOE Student Brochure Model consists of:

1. health occupations background information
2. the health occupations cluster of 87 job titles
3. job descriptions for the 8 job titles which includes tentative pay scale upon completion of the program and a list of possible types of areas where the student might be employed
4. a list of manual tasks for each of the 8 job titles

The "HOE Teacher Planning Model" and the "HOE Student Brochure Model" can be found on the following pages.

HEALTH OCCUPATIONS EDUCATION

TEACHER PLANNING MODEL

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Proposed Floor Plan for the Project H.O.P.E. Model 21

Equipment and Supplies for the Project H.O.P.E. Model 22

Equipment and Supply List for the 8 Job Title
of the Project H.O.P.E. Model 23

HEALTH OCCUPATIONS EDUCATION

Health Occupations Education is one of the newest areas in vocational education. In 1900 there were only .5 million workers in health occupations in the United States and 97% of these were doctors and dentists.

From the beginning of the centry until now, many areas have been added to the health occupations field. Some of the more commonly known ones, besides medicine and dentistry, include:

- nursing
- pharmacy
- physical therapy
- dietary
- x-ray
- optometrics
- occupational therapy
- medical-clerical
- medical laboratory

These related areas are sometimes called the Allied Health field. By 1966 there were 2.8 million workers in the field and the figures had changed to

16% - doctors and dentists
84% - allied health workers

The last decade has seen the largest increase of all. By 1975, statistics show that nation-wide there were 4.3 million workers in the Allied Health or health occupations field. (Of these 119,000 were in Indiana alone, and it is projected that by 1985 Indiana will have 132,000.) In the dictionary of Occupational Titles (DOT) published by the Office of Education, there are over 400 job titles relating to this area. Of these many job titles, approximately one-fourth or about 125 are what is known as "Primary Health Oriented", or directly related to preventive or immediate care of persons in the United States. Examples include registered nurse, nurse aide, physical therapy aide, x-ray technician, certified laboratory technician, etc. The remaining group of workers are what is known as "Secondary or Related Health Occupations" workers. (Among this related group would be found job titles such as Housekeeping Worker, Dietary Aide, Opthalmic Lab Technician, Dental Lab Technician, Insurance Clerk, Veterinary Assistant, etc.)

Some of the job titles listed in the health occupations section of the DOT require four or more years of college education plus experience in the field. However, it has been found that there are also a large number of health occupations job titles that require less than four years education, some two years or less that are taught in full or part time junior college or adult education programs, and some that require a year or less that can be taught in a vocational setting (possibly while completing high school requirements).

In the state of Indiana, through a research project in health occupations education entitled Project HOPE, 87 job titles, considered to be vocational in nature, have been identified. If facilities and staff permitted, all 87 could be taught by one LEA. However, for many LEA's such would be impossible; but if only a few could be offered, it is felt that the material offered in this planning model could facilitate planning and make use of the Performance Based Student Curriculum model developed by Project HOPE.

The next page includes the full listing of the 87 job titles, grouped according to the category ot which each best belongs. In this model, those job titles with an asterisk indicate the ones used for the curriculum model, but in a real situation could be changed to indicate those job titles offered by a particular LEA.

JOB TITLES

PATIENT CARE SERVICES

Nursing Service

Registered Nurse
L.P.N./L.V.N.
Nurse Aide/Attendant
Geriatric Technician
Orderly
Corpsman/Clinical Corpsman
Burn Unit Technician
Pediatric Technician
Homemaker/Home Health Aide
Emergency Medical Technician
Cardio-Pulmonary/Cardio-Vascular Tech.
Obstetrical Technician
Ambulance Attendant

Mental Health

Mental Health Technician
Mental Health Assistant
Mental Retardation Technician
Mental Retardation Aide/Asst.
Psychiatric Technician
Psychiatric Aide/Assistant
Certified Occupational Therapy Asst.
Occupational Therapy Aide
Recreational Therapy Technician
Recreational Therapy Aide/Asst.
Music Therapist Aide
Drama Therapist Aide

Diagnostic

Certified Laboratory Assistant
Medical Laboratory Technician
Laboratory Aide
Cytotechnologist
Histologic Technician
Diener
Electro-encephlegraphic Technician
Radiological Technologist
Registered Radiation Therapy Tech.
Radiologic Department Aide
Darkroom Aide/Assistant
Nuclear Medical Technologist

Physical Rehabilitation

Physical Therapy Assistant
Physical Therapy Aide/Orderly
Ortho/Prosthetic Technician
Ortho/Prosthetic Assistant
Podiatric Assistant
Certified Respiratory Therapy Aide

Respiratory Therapy Aide
Pulmonary Function Technician
Ophthalmic Lab Technician
Optometric Technician
Optometric Assistant

Dietary

Dietetic Aide
Dietary Technician

Ancillary

Urologic Physician's Assistant
Operating Room Technician
Surgical Aide /Assistant
Central Service Aide/Assistant
Orthopedic Physician's Assistant
Circulation/Extra Corporeal Technician
Hemodialysis Technician
Orthopedic Cast Specialist
Pharmacy Aide/Technician
Housekeeping Worker

DENTAL CARE SERVICES

Direct Patient Contact

Dental Assistant
Oral Surgery Dental Assistant
Orthodontic Assistant

Pedadontic Dental Assistant
Endodontic Dental Assistant
Expanded Duties Dental Assistant

Indirect Patient Contact

Dental Receptionist
Dental Laboratory Technician

MEDICAL AND CLERICAL SERVICES

Medical Records Services

Medical Transcriber
Medical Stenographer
Medical-Dental Secretary
Medical Librarian Assistant

Medical Records Clerk
Medical Records Technician
Insurance Clerk

Clinical

Ward Unit Clerk
Ward Secretary
Medical Assistant

ANIMAL CARE

Nursing Service

Veterinary Assistant
Groomer

Diagnostic

Veterinary Lab Assistant
Veterinary X-Ray Assistant
Cage-Care Assistant

Auxiliary

Receptionist
Recordkeeper

OTHER

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____
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TASKS OF THE PROJECT HOPE MODEL

Deciding what task should be taught and where they should be taught is not an easy assignment for a health occupations teacher. Even within a given category, such as nursing, those tasks selected to be taught will depend upon what areas students wish to work in after completing the program. Where the task is taught will depend upon the facilities of the LEA and the availability of a clinical setting or living laboratory.

In the development of the curriculum model, Project HOPE utilized 8 job titles (mostly from one category). Task lists were drafted, job incumbents were surveyed, data was collected, and a panel of education experts reviewed the data and purged the task lists.* Since some of the task statements were not clear, the task statements were re-written, incorporated and expanded.* Assuming that a teacher would have both school laboratory and living laboratory facilities, the purged task list was incorporated with the reviewed task list and the training site was determined for each task needed for the 8 job titles of the model. The results of this compiling have been incorporated into a readily discernible check list. With only a brief study a teacher could know which tasks would be common to all 8 job titles, which ones were common to several of the 8 job titles, and which ones were exclusive to one job title.

Of course how to perform a task is not the only thing a student will need to know for the job. There will be a certain body of knowledge necessary for imparting principles, concepts, and attitudes to students. The curriculum model* demonstrates the body of knowledge necessary to perform tasks 1 a. and 1 b. on the check list.

TASKS OF THE PROJECT HOPE MODEL con't.

It is felt that this same format could be used to list tasks from other categories of health occupations not included in the model, thereby giving the teacher "an idea at a glance" as to what tasks will need to be taught to whom and where. In the case of diversified areas, hopefully this type of a check list could be utilized and expanded and could be helpful with the organizational planning of the program.

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* See Project HOPE technical report for further information regarding the curriculum model. If the curriculum model were to be considered in the curriculum planning, health occupations educators would need to attend work shops regarding the implementation of the model.

LEGEND: TASK FOR THE 8 JOB TITLES

LL = Living Lab SL = School Lab

TASKS		NURSEAIDE/ ATTENDANT	HOMEMAKER/ HOME HEALTH AIDE	EMERGENCY MEDICAL TECHNICIAN	ORDERLY	GERIATRIC TECHNICIAN	MENTAL HEALTH ASSISTANT	OBSTETRICAL TECHNICIAN	PEDIATRIC TECHNICIAN	TRAINING SITE
1.a.	Clean a patient's unit according to daily routine	X	X		X	X	X	X	X	SL
1.b.	Clean a patient's unit following discharge	X	X		X	X	X	X	X	SL
1.c.	Clean an isolation patient's unit	X	X		X	X	X	X	X	SL
2.	Prepare an unoccupied unit for a new patient	X	X		X	X	X	X	X	SL
3.a.	Make an unoccupied bed for a patient	X	X		X	X	X	X	X	SL
3.b.	Make an occupied bed for a patient	X	X		X	X	X	X	X	SL
3.c.	Make a surgical bed for a patient	X	X		X	X	X	X	X	SL
5.	Assist a patient with body elimination	X	X		X	X	X	X	X	SL
8.a.	Administer a.m. care to a patient	X	X		X	X	X	X	X	SL
8.b.	Administer p.m. care to a patient	X	X		X	X	X	X	X	SL
9.	Serve a food tray to a patient	X	X		X	X	X	X	X	SL
10.	Feed a patient	X	X		X	X	X	X	X	SL
11.	Administer oral hygiene to a patient	X	X		X	X	X	X	X	SL
12.	Administer a back rub to a patient	X	X		X	X	X	X	X	SL
[illegible]	Bathe a patient in bed	X	X		X	X	X	X	X	SL
14.a.	Assist a patient with a tub bath	X	X		X	X	X	X	X	SL

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14.b.	Assist a patient with a shower	X	X		X	X	X	X	X	SL
15.	Shampoo a patient's hair	X	X		X	X	X	X	X	SL
16.a.	Weigh a patient	X	X		X	X	X	X	X	SL
16.b.	Measure a patient	X	X		X	X	X	X	X	SL
20.a.	Assist a patient to a chair	X	X	X	X	X	X	X	X	SL
20.b.	Ambulate a patient	X	X	X	X	X	X	X	X	SL
20.c.	Transfer a patient to a chair and back to bed	X	X	X	X	X	X	X	X	SL
20.d.	Transfer a patient to a cart and back to bed	X	X	X	X	X	X	X	X	SL
20.e.	Transport a patient	X	X	X	X	X	X	X	X	SL
24.a.	Collect non-sterile urine specimens from a patient	X	X		X	X	X	X	X	LL
24.b.	Collect non-sterile sputum specimens from a patient	X	X		X	X	X	X	X	LL
24.c.	Collect non-sterile stool specimens from a patient	X	X		X	X	X	X	X	LL
24.d.	Collect non-sterile gastric secretions from a patient	X	X		X	X	X	X	X	LL
25.a.	Measure a patient's oral intake	X	X		X	X	X	X	X	SL
25.b.	Measure a patient's total intake	X	X		X	X	X	X	X	SL
25.c.	Measure a patient's liquid output	X	X		X	X	X	X	X	SL

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26.	Apply supportive binders to patients	X	X		X	X		X	X	SL
28.	Determine a patient's body temperature	X	X	X	X	X	X	X	X	SL
29.	Determine a patient's respirations	X	X	X	X	X	X	X	X	SL
30.	Determine a patient's arterial pulse rate	X	X	X	X	X	X	X	X	SL
31.	Determine a patient's apical pulse rate	X		X	X	X	X	X	X	SL
32.	Determine a patient's apical-radial pulse rates	X		X	X	X	X	X	X	SL
3[illegible]	Determine a patient's blood pressure	X		X	X	X	X	X	X	SL
34.	Admit a patient to assigned unit	X			X	X	X	X	X	SL
36.	Discharge a patient from assigned unit	X			X	X	X	X	X	SL
38.	Fill and apply an icebag to a patient	X	X	X	X	X	X	[illegible]	X	SL
39.	Fill and apply a hot water bottle to a patient	X	X	X	X	X	X	X	X	SL
40.a.	Apply traction apparatus to a patient's bed	X	X		X	X	X	X	X	LL
40.b.	Apply a patient's helper to a patient's bed	X	X		X	X	X	X	X	LL
40.c.	Apply a heat cradle to patient's bed	X	X		X	X	X	X	X	LL
40.d.	Apply a foot board to a patient's bed	X	X		X	X	X	X	X	LL
41.	A unit of study that would include tasks, techniques, and domain theory pertinent to the care of an incontinent patient	X	X		X	X	X	X	X	LL

incontinent patient

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42.	Administer an enema to a patient	X	X		X	X	X	X	X	LL
43.	Prepare simple hot and cold foods for a patient	X	X		X	X	X	X	X	LL
44.	A module explaining the types of diversional activities, when to use them, and for what types of patients	X	X		X	X	X	X	X	LL
45.	Apply restraints to a patient	X	X	X	X	X	X	X	X	SL
46.	Inspect and clean special mattresses used by a patient	X	X		X	X			X	LL
47.	Shave a patient's face	X	X		X	X	X			LL
48.	Operate an addressograph for patient's records	X			X			X	X	LL
49.	Prepare the body of an expired patient for the mortician	X		X	X	X		X	X	LL
50.	Perform preventive decubitus care	X	X		X	X	X	X	X	SL
51.	Compute an 8 and a 24 hour total intake and output	X	X		X	X	X	X	X	SL
52.	Test a patient's urine for sugar and acetone	X	X		X	X	X	X	X	SL
53.	Administer perineal care to a patient	X	X		X	X		X	X	SL LL
54.	Assist the physician with a physical examination of a patient	X			X	X	X	X	X	SL LL
55.	Assist with collecting sterile specimens from a patient	X			X	X	X	X	X	LL
56.	Apply an aqua-pad to a patient				X	X		X	X	LL
57..	Wrap a patient's extremities with ace bandages	X	X	X	X	X	X	X	X	SL

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58.	Apply non-sterile dressings to a patient		X	X	X	X	X	X	X	SL
59.	Apply non-sterile dressings with ointments to a patient		X		X	X	X			SL
60.	Reinforce partial to complete saturated dressings for a patient		X	X	X	X	X	X	X	SL
61.	A unit of study that would include tasks, technique, and domain theory relative to the care of an unconscious patient	X	X	X	X	X	X	X	X	LL
63.	Apply sterile dressings to a patient				X	X	X	X		SL LL
	Irrigate a patient's catheter		X		X	X				SL LL
66.	Catheterize a patient				X	X				SL LL
68.	Administer a gargle to a patient	X	X		X	X	X	X	X	SL
69.	Assist a patient with a sitz bath	X	X		X	X	X	X	X	LL
71.	A unit of study composed of the tasks, techniques, and domain theory relative to the care of a patient in isolation	X			X	X	X	X	X	SL
72.	Insert non-medicated suppositories (rectally) into a patient	X	X		X	X	X	X		LL
73.	Apply moist soaks to a patient	X	X		X	X	X	X	X	SL
74.	Perform decubitus care for a patient	X	X		X	X	X		X	LL
76.	Assist a patient with placement of contact lenses or an artificial eye	X	X		X	X		X	X	LL

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79.	Perform a clean catch urine specimen for a patient	X	X		X	X	X	X	X	LL
80.	Ambulate a patient with walking device	X	X		X	X	X		X	SL
81.	Apply non-mechanical supportive devices to the patient for proper body alignment	X	X		X	X			X	SL
82.	Perform passive range of motion exercises for a patient	X	X		X	X		X	X	SL
84.	Apply a sling to a patient's arm	X	X	X	X	X	X	X	X	SL
86.	Apply pressure, according to American Red Cross standards, to control a patient's bleeding wound(s)	X	X	X	X	X	X	X	X	SL
88.	Administer minor first aid, according to American Red Cross standards, to a patient's bruises, abrasions, and burns	X	X	X	X	X	X	X	X	LL
89.	Perform improvised transportation of the injured patient according to American Red Cross standards	X	X	X	X	X	X	X	X	SL
90.	Assist with emergency care for poisoning of a patient according to American Red Cross Standards	X	X	X	X	X	X	X	X	LL
91.	Perform temporary immobilization of a suspected fracture or sprain, according to A.R.C. standards	X	X	X	X	X	X	X	X	SL
92.	Perform artificial respiration for a patient according to American Red Cross standards	X	X	X	X	X	X	X	X	SL
93.	Perform cardio-pulmonary resuscitation for a patient according to the National Conference on standards for CPR	X	X	X	X	X	X	X	X	SL
94.	Extricate a sick or injured victim from the area in which found according to Indiana State EMT standards			X	X	X	X			SL
95.	Administer oxygen to a patient by cannula, mask, or tent	X		X	X	X	X	X	X	LL
97.	Check for functioning and clean oxygen equipment used by the patient			X	X	X	X	X	X	LL

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98.	Assist with giving moist inhalations to a patient								XX	L
100.	Aspirate a patient's oropharyngeal area			X	X	X		X	X	L
103.	Empty and clean respiratory suction equipment used for a patient	X		X		X		X	X	L
107.	Feed a patient via a tube feeding		X			X		X	X	S L
112.	Empty and clean levine suction equipment used by a patient		X			X				L
118.	Apply non-sterile hemorrhoid dressings to a patient				X	X				L
120.	Change a routine colostomy drainage for a patient	X	X	X	X	X	X	X	X	S
124.	Implement shock position for a patient	X	X	X	X	X	X	X	X	S
126.	Perform chair therapy for a patient on complete bed rest	X			X	X				S
129.	Measure for and apply anti-embolitic stockings for a patient	X	X		X	X		X	X	S
132.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient with convulsions	X	X	X	X	X	X	X	X	
133.	Part of a unit composed of tasks, techniques, and domain theory relative to the care of a patient having an E.E.G. and similar type tests						X			
134.	Assist the physician with a lumbar puncture done on a patient				X			X	X	
135.	Perform a closed urinary irrigation for a patient				X	X				

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137.	Instill solution into a patient's bladder					X				LL
139.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient with a supra-public catheter	X	X			X				LL
144.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient in traction	X	X		X				X	LL
145.	Apply skin traction to a patient				X					LL
146.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient in a cast	X	X		X	X	X		X	LL
147.	Observe a patient for the effects of physical therapy	X	X			X			X	LL
148.	Observe a patient adjusting to a new extremity prosthesis	X	X		X	X			X	LL
149.	Apply extremity braces and prostheses to a patient	X	X		X	X			X	LL
150.	Would be a unit of study composed of tasks, techniques and domain theory relative to the care of a patient on special frames	X	X		X	X			X	LL
151.	Log-roll a patient that must be kept in exact body alignment	X	X	X	X	X		X	X	SL
152.a.	Re-inforce instruction to the diabetic patient as to diet					X				SL LL
152.b.	Re-inforce instruction to the diabetic patient as to foot care					X				SL LL
152.c.	Re-inforce instruction to the diabetic patient as to urine tests					X				SL LL
156.	Insert a female patient's non-medicated vaginal suppository		X			X				LL

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157.	Perform a vaginal douche for a patient		X			X	X			LL
159.	Instruct and assist the mastectomy patient with specific exercises		X							SL
162.	A unit of study composed of tasks, techniques, and domain theory relative to the care of a patient with non-acute burns		X	X	X	X			X	SL
164.	Employ a geriatric feeding chair for patients	X	X		X	X				LL
167.	Apply applicable collecting devices on a patient	X	X		X	X				LL
169.a.	Observe remotivation for the regressed patient	X	X			X	X			LL
169.b.	Participate in remotivation for the regressed patient	X	X			X	X			LL
171.	Observe the effects of x-ray procedures done on a patient	X			X	X	X	X	X	LL
173.	Irrigate a patient's wound (non-surgical)		X			X				LL
178.	Prepare a patient for surgery	X			X			X	X	SL
179.	Assist with coughing and deep-breathing exercises for a surgical patient	X			X			X	X	SL
180.	A unit composed of tasks, techniques, and domain theory relevant to the care of a patient in reverse isolation	X			X	X		X	X	SL
181.	Administer a sponge bath to a patient with an elevated temperature	X	X		X	X	X	X	X	LL

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182.	A unit composed of tasks, techniques, and domain theory relevant to the care of a patient recovering from anesthesia	X			X			X	X	LL
183.	Assist with intravenous infusion for a patient							X	X	LL
184.	Re-inforce dietary instruction to a patient on a specialized diet		X			X	X			LL
187.	Admit a maternity patient to the labor room							X		SL
188.	Perform a perineal preparation for a patient in labor							X		LL
189.	Determine fetal heart tones of the unborn fetus		X					X		LL
190.	Time the labor patient's contractions		X					X		LL
192.	Circulate in the delivery room and assist with the patient during the birth process		X					X		LL
193.	Scrub for the delivery and assist the physician during the birth process							X		LL
195.	A unit of study composed of tasks, techniques, and domain theory relative to the care of the mother in the recovery room following birth		X					X		LL
196.	Administer breast care to the post-partum patient							X		LL
198.	Instruct the post-partum patient in her own personal care							X		SL
199.	Admit the infant to the newborn nursery							X		[illegible]
200.	Bathe a newborn infant							X		SL

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205.	Feed a newborn with a bottle							X		LL
206.	Assist a mother with breast feeding of the newborn							X		LL
207.	Assist with the instruction of a mother in care of the newborn							X		SL
209.	Prepare formula feedings for the newborn							X		SL
210.a.	Assist the physician with a newborn circumcision							X		LL
210.b.	Change the circumcision dressing of the newborn							X		LL
211.	A unit of study composed of tasks, techniques, and domain theory relative to the care of an infant with feeding problems							X		LL
212.	A unit of study composed of tasks, techniques, and domain theory relative to the care of an infant in an incubator or isolette							X		LL
213.	A unit of study composed of #211, #212, and any other tasks, techniques, or domain theory relative to the care of a premature infant			X						LL
215.	Admit a child to the pediatric unit								X	LL
216.	A unit of study composed of #211 and any other tasks, techniques, and domain theory relative to the care of any child with feeding problems								X	LL
218.	A unit of study composed of tasks, techniques, and domain theory relative to the observation of behavior of children								X	LL

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219.	Apply restraining devices to a child's bed								X	LL
223.	Observe for and collect specimens of parasites from the child								X	LL
225.	A unit of study composed of tasks, techniques, and domain theory relative to the care of children with physical abnormalities								X	LL
230.	A unit of study composed of tasks, techniques, and domain theory relative to play therapy used for children								X	LL
232.	Obtain patient and family consents necessary for treatments			X						LL
233.	Help prepare accident and safety reports for patients and staff		X		X	X	X	X	X	SL
236.	A unit of study composed of tasks, techniques, and domain theory relative to the recognition and procurement of assistance for patients religious needs		X	X		X		X	X	LL
251.	A module of study stressing the role of the health occupations worker in regard to orientation of new personnel	X			X	X	X	X	X	LL
252.	Assist physician with patient rounds					X	X			LL
260.	Assist with preparing all types of requisitions for supplies, tests, etc., for the patient							X	X	LL
261.	Prepare individual dosages of medication for the patient					X	X			
262.	Prepare and give oral medication to the patient					X	X			SL

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263.	Prepare and give subcutaneous medications to the patient					X				SL
264.	Prepare and give intramuscular medications to the patient					X				SL
266.	Prepare and administer medications rectally and vaginally to a patient					X	X			LL
267.a.	Administer eye drops or ointment to a patient					X	X			LL
267.b.	Administer nose drops or spray to a patient					X	X			LL
269.	Drive an emergency vehicle to transport a patient			X						LL
[illegible].	Obtain and deliver supplies for a patient	X			X			X	X	LL
271.	A unit of study composed of tasks, techniques, and domain theory relative to assisting and participating in occupational activities with patients					X	X			LL
273.	A module of study regarding the health occupations role in the care of the patient's personal possessions possessions	X		X		X	X	X	X	SL
275.	Perform manicure or assist patient to manicure fingernails and toenails	X	X			X	X	X	X	SL
276.	Assist patient with dressing and undressing	X	X		X	X	X	X	X	SL
277.	Employ mechanical devices to move a patient	X	X	X	X	X	X		X	LL
279.	Operate emergency communique' equipment for relay of information about a patient			X						LL
280.	A module of study regarding the health worker's role in ward group meetings regarding mental health patients						X			LL

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306.	A module of study regarding the health worker's position in regard to the patient's planning of his/her own activities						X			LL
710.	A module of study regarding the conditions necessary for the storage of specialized materials							X	X	LL
1204.a.	Prepare and assemble all linens to be used for delivery room packs							X		LL
1204.b.	Prepare delivery room packs to be sterilized							X		LL
1254.a.	Clean delivery room following delivery							X		LL
1254.b.	Restock supplies in delivery room after being cleaned							X		LL
1392.	Perform a digital exam for a patient and remove impaction if present	X	X		X	X	X	X	X	LL
1395.	A unit of study composed of tasks, techniques, and domain theory relative to the care of combative patients			X	X	X	X			SL LL
1396.	Administer hearing test to a newborn							X		LL
1397.	A unit of study composed of tasks, techniques, and domain theory relative to the care of mentally retarded children						X		X	LL
1409.	A module of study regarding the proper way to observe a patient for characteristics of behavioral disorders					X	X		X	SL
1424.	A unit of study composed of tasks, techniques, and domain theory relative to the preparation of meals for patients according to their specific needs		X							SL

FACILITIES AND EQUIPMENT

FOR

THE PROJECT HOPE MODEL

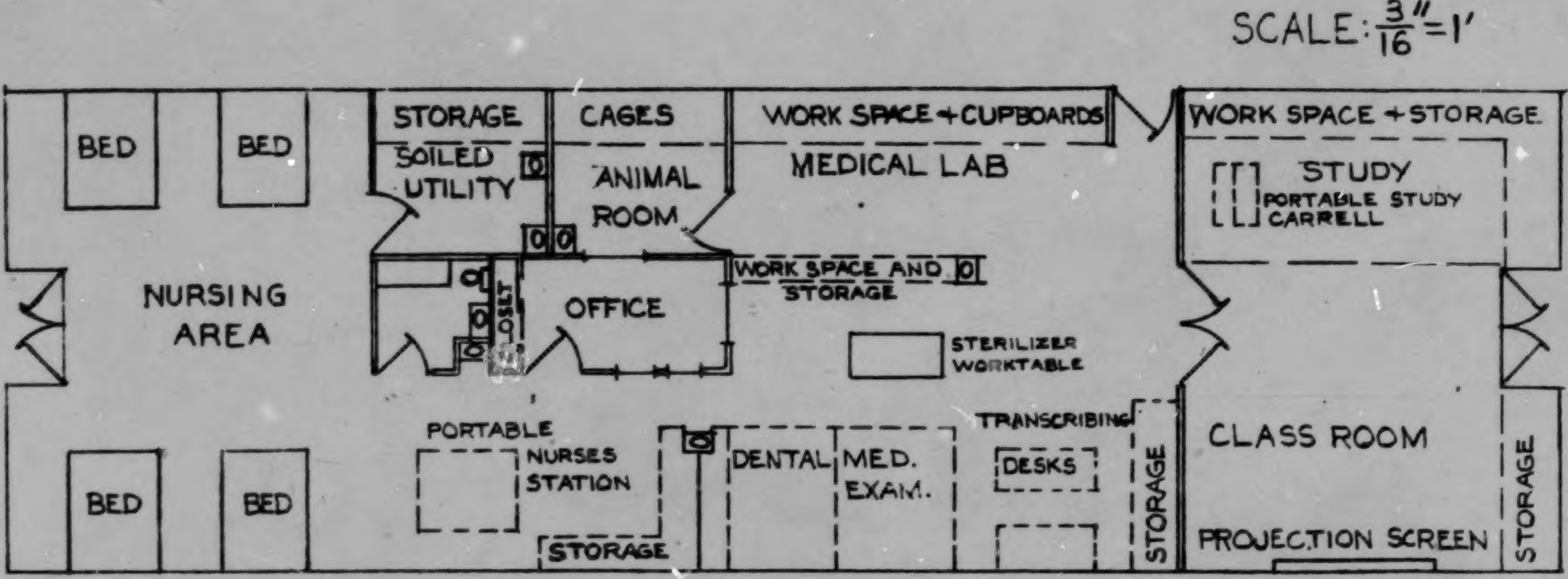
Once the tasks to be taught and the location or area in which they will be taught have been determined, attention must be given to the classroom and the school laboratory. The facilities, supplies, and equipment used are an integral part of the training of health occupations students. The more realistic the school situation can be, the more readily the student can adapt training to a real life situation.

A. FACILITIES

In regard to facilities, the most ideal situation is to have the classroom and school laboratory in separate but adjacent rooms. This agreement allows for

1. adequate classroom space
2. adequate laboratory space
3. accessible supplies and equipment for demonstration and immediate practice
4. study area for review close to practice area
5. class supervision for students doing different things at different times
6. sorting and storing of supplies and equipment specific to classroom and/or laboratory

If this arrangement cannot be adhered to, the health occupations teacher must use his/her initiative, but must keep in mind that the facilities that are available should be utilized to the maximum to train students as efficiently and thoroughly as possible. On the following page is a drawing of a floor plan for a separate but adjacent facility. This floor plan was designed to consider the possibility that a health occupations teacher might have, at one time or another, any student preparing for any one of the 87 job titles listed in the full health occupations cluster.


SCALE: 3/16" = 1'
BED
BED
BED
BED
NURSING AREA
STORAGE
SOILED UTILITY
CAGES
ANIMAL ROOM
WORK SPACE + CUPBOARDS
MEDICAL LAB
WORK SPACE AND STORAGE
OFFICE
CLOSET
STERILIZER WORKTABLE
PORTABLE NURSES STATION
STORAGE
DENTAL
MED. EXAM.
TRANSCRIBING
DESKS
STORAGE
WORK SPACE + STORAGE.
STUDY
PORTABLE STUDY CARRELL
CLASS ROOM
PROJECTION SCREEN
STORAGE

B. EQUIPMENT & SUPPLIES

Even if facilities are not ideal, adequate supplies (in both type and amount) are imperative. Equipment consists of those items that are used for two or more years, can be repaired, and are infrequently replaced. Supplies refers to items that wear out quickly or with one usage and need constant replacement. It must be understood that the student cannot be expected to perform correctly if he/she has to use worn out or makeshift supplies or equipment.

It is understood that many LEAs will not be able to purchase all brand new equipment. There are a number of possible ways to handle this problem. Some equipment, especially classroom, could be shared jointly or borrowed from other departments; used but functioning equipment might be available from health care agencies or supply houses that are constantly updating their stock; equipment, if only used occasionally, might be borrowed from health care agencies or supply houses; students could be charged a laboratory fee for replacements; a kit of personal supplies might be purchased and issued to each student for the semester. Many methods can be employed to acquire needed supplies and equipment.

To give the health occupations teacher a working idea of what is needed for the 8 job titles of the project model, an equipment and supply list that would accomodate 20 students, in both classroom and laboratory, has been prepared. An estimated cost has been included with each item. (The estimated unit cost given is based upon the prices of items as they were in the Spring of 1976). The aforementioned equipment and supply list can be found on the next four pages.

EQUIPMENT & SUPPLY LIST

FOR

8 JOB TITLES OF PROJECT HOPE MODEL

(Costs for 20 students and four (4) bed laboratory)

	No.	Est. Unit Cost	Est. Total Cost
Human Torso Model with removable organs	1	$400	$400
Human skeleton model with stand (an 18" articulated human skeleton model is available for $50)	1	50	50
Blood Pressure Apparatus (Anaeroid)	4	54	216
Blood Pressure Apparatus (Mercury)	2	50	100
Adult Chase Doll	2	300	600
Bedside Stand (cabinet) (or one each bed)	4	90	360
Hospital Beds with Mattresses (Manual)	4	300	1200
Overbed Table (1 each bed)	4	80	320
File Cabinet	2	80	160
Overhead Projector	1	170	170
Projector Screen	1	80	80
Screens (on rollers) (or pipes & curtains)	4	50	200
Projector Table	1	31	31
Filmstrip Projector	1	120	120
16 mm Film Projector	1	600	600
Tape Recorder (cassette)	1	70	70
Library Table (or study carrells)	2	75	150
Chairs	16	20	320
Wheel Chair	1	150	150

Provision must be made for adequate seating and work area for both the students and teachers.

Student Desks (20 per instructor)	20	26	520
Teacher's Desk (1 per instructor)	1	150	150
Teacher's Chair (1 per instructor)	1	50	50

Total Equipment - - - - - - - - - $6,017

Total Supplies - - -$6,903.55

GRAND TOTAL - - - - - -$12,920.55 (plus costs of Agar jar and Gram Scales, prices unknown)

Health Occupations Program Educators, Inc. of Indiana, Spring 1976, prepared by Phyllis Bilger, R.N.

SUPPLY LIST

	No.	Est. Total Cost
Petri dishes (plain)	20	$ 2.60
Microscope slides	5 boxes	8.00
Eye droppers (medicine or dropping pipettes)	24	1.12
Alcohol lamps	5	7.08
Gram stain kit:		
Hucker's crystal violet		
Gram's iodine		
95% alcohol		
Sufranine	2 sets	4.00
Acetest	2 bottles	8.00
Clinistix	2 bottles	8.00
Agar	1 jar	*
Chalk	2 boxes	1.00
Bulletin board tacks	2 boxes	1.00
Clinic thermometers	25	25.00
Transparency film	2 pkgs	40.00
Transparency markers	12	8.00
Erasers	2	1.00
Disposable or reusable enema units	20	40.00
Gloves (disposable)	1 box	3.75
Cotton balls or gauze	2 pkgs	2.00
Thermometer jars	2	4.00
Isolation laundry bags	2	2.00
Admission kits	4	12.00
Elastic stockings	4	6.00
Box tongue blades	1 box	1.00
Gram scales	2	*
Plastic bags	2 boxes	4.00
Measuring tape	2	2.00
Ice caps, English	4	8.00
Elastic bandages	8	16.00
Paper masks for isolation	2 boxes	6.00
Suction catheter	2	8.00
Irrigation sets	20	40.00
Lemon-glycerin swabs	4 boxes	4.00
Wrist restraints	4	8.00
Heel and elbow protectors	4	8.00
Surgeon's scrub brush	4	6.00
Graduated pitcher	2	6.00
Isolation gowns	4	10.00
Large safety pins	2 boxes	2.00
Hot water or ice bottles	4	8.00
Cotton applicators	2 boxes	4.00
Urination drainage bag and tubing with bottom drain	4 sets	12.00

* price unknown

SUPPLY LIST - 2

	No.	Est. Total Cost
Liter container	2	2.00
Chest restraints	4	8.00
Decubicare pads	2 boxes	8.00
Paper towels	as needed	50.00
4 X 4 gauze	4 pkgs	4.00
I.V. tubing	2	3.00
I.V. pole	2	20.00
Crutches	2 sets	10.00
Walker	1	25.00
Cart	1	150.00
Abdominal binders	4	12.00
T-binders	4	8.00
Shampoo board	2	6.00
Medical scale (human)	1	300.00
Chart backs	4	20.00
Asepto syringes	4	8.00
Splinting equipment for: 8 - splints 8 - poles (made by woodworking class) 8 - blankets		75.00
Infant or small child scale	1	12.00
Cardex file	1	20.00
Paper	2 boxes	8.00
Plastic medicine cups	2 boxes	8.00
Medication trays	8	25.00
Stethoscope	8 @ 15.00	120.00
Stethoscope, teaching	2 @ 15.00	30.00
Reference books from Curr. Guide Bibliography		1,000.00
Current filmstrips, tapes example: Au-vid medical terminology tapes, TRAINEX filmstrip		2,000.00
Meter stick (yard)	1 @ 5.00	5.00
Clock with second hand	1 @ 20.00	20.00
Urinometers	2 @ 5.00	10.00
Laundry bag or hamper	2 @ 10.00	20.00
Urinals (4-male & 1-female)	5 @ 5.00	25.00
Wash basins	4 @ 5.00	20.00
Emesis basins	4 @ 5.00	20.00
Paper cup dispenser (wall)	1	5.00
Liquid soap dispenser	1	10.00
Linen (bedspreads, towels, sheets, drawsheets, pillowcases, patient gowns, blankets, bath blankets, mattress pads, wash cloths, etc.)	8 sets @ $400	2,400.00
Bedpans	4 @ 7.50	30.00
Water pitchers (plastic)	4 @ 3.00	12.00

SUPPLY LIST - 3

	No.	Est. Total Cost
Nail clippers	1	5.00
Bandage scissors	2 @ 3.00	6.00
Snellen Chart	1	10.00
Flashlights	2 @ 3.00	6.00
Stapler	2 @ 5.00	10.00
Tape dispenser	1	5.00
Paper hole punch	1	15.00

Total Supplies - - - - - - - - - - - - - - - - $6,903.55
(plus costs of * items)

APPENDIX B.2

PROFICIENCY EXAM AND PROPOSED CURRICULUM

2.1 INDIANA STATE BOARD OF HEALTH REQUIREMENTS
2.2 INDIANA STATE BOARD OF HEALTH PROPOSED OUTLINE
2.3 PERFORMANCE-BASED STUDENT TRAINING PROPOSED OUTLIME

PROJECT H.O.P.E.

Performance Based Student Training

Summary of Proficiency Examination

Early in the project year the Performance Based Student Training Advisory Committee elected, at the request of the Indiana State Board of Health, to develop a performance based student training program for unlicensed medication personnel in health care facilities (predominently nursing homes). This program, once developed, would be used state-wide to meet HEW requirements.

An ad hoc committee of the State Board of Health had developed proposed requirements and an outline of program content. The Performance Based Student Training Committee took the proposed program content and structured it into a Performance Based Student Training Program, based on eight (8) identified psycho-motor skills. The Performance Based Student Training Committee was also asked to prepare a "one-time" proficiency examination to be given to those unlicensed individuals who had successfully completed a current medication training program.

On the following pages can be found:

1. the Indiana State Board of Health proposed requirements
2. the Indiana State Board of Health proposed program content (outline)
3. the Performance Based Student Training Committee proposed training program (outline)

Due to the fact that the content of the "one-time" proficiency examination is not open for public viewing, neither it nor any portion thereof could be released. The questions of the examination, however, are multiple-choice areas itemized in the Performance Based Student Training proposed training program listed above.

PROPOSED REQUIREMENTS AND PROGRAM FOR THE TRAINING OF UNLICENSED HEALTH FACILITY PERSONNEL IN THE ADMINISTRATION OF MEDICATIONS

Requirements

The regulations of the Department of Health, Education, and Welfare, Social and Rehabilitation service, Medical Assistant Program, Intermediate Care Facilities Services which was published on January 17, 1974 (Medicaid) which became effective March 31, 1974, specify in Regulation 249.12 (a) (8) (vi) "All personnel administering medications must have completed a state-approved training program in medication administration." These regulations further indicate that professional nurses, R.N. and L.P.N.'s, meet this requirement; however, in most of the intermediate care facilities in the State of Indiana, medications are administered by nonprofessional personnel; therefore, the State of Indiana has formulated the following program to achieve compliance with these regulations.

State Survey Agency Responsibility

The Indiana State Board of Health designated as the survey agency in the ICF (Medicaid Program) has the responsibility to approve the necessary program for implementation to assure that nonprofessional personnel accomplish training in medication administration. In an effort in achieve compliance, a broadly based committee was formed consisting of representatives from proprietary nursing homes, nonproprietary nursing homes, the nursing profession, the medical profession, the pharmacy profession, and from educational institutions to develop this training program. This committee decided that after basic criteria and program was developed that the implementation would be the responsibility of an educational institution. However, the survey agency would continue to monitor the program and recommend changes as necessary.

To assure continued monitoring, a select committee on medication training for unlicensed personnel has been established. The members of the committee are appointed from and by the proprietary nursing homes, the nonproprietary nursing homes, the nursing profession, from pharmacy and from an educational institution. One member of the Board of Health will serve as a coordinator. This committee will meet semi-annually or as needed to review the course content and make such recommendations as are necessary.

Educational Responsibilities

It will be the responsibility of a recognized educational body or group to develop the necessary protocols for teaching, and the development of instructional materials, the determination of the suitability of instructional personnel and for the testing of the students. Also, to evaluate the clinical experience of the student.

Once these protocols and materials are developed they will be made available to the Select Committee on Medication Training for Unlicensed Personnel for approval. Further, this committee shall evaluate and approve applicants for the provision of this program.

This method of implementation will ensure that there is statewide accessibility to this course either in institutions of learning, high schools, vocational educational centers, which have been approved to provide the program of instruction.

Course Objectives

The objectives of the course in Medication Training for Unlicensed Personnel will be to provide the unlicensed individual with a basic understanding of drug administration, drug handling, drug reactions, and methodology in the distribution, side effects, and other knowledge pertaining to drugs necessary to assure patient wellbeing and safety.

In all cases the responsibility for drug administrations in a licensed health facility is the designated Director of Nurses and the Administrator of what facility in accordance with the applicable State regulations.

Instructor Qualifications

The educational institution shall establish such criteria as necessary for the qualification of instructional personnel. However, the primary instructor shall be a registered nurse (R.N.) who is currently licensed in Indiana who has had a minimum of three years direct work experience in patient care and who has had instructional experience.

Supplementing this teaching shall be a registered pharmacist who is currently licensed in Indiana, who has a minimum of three years experience with health facilities or hospital operations, and who has had some instructional experience.

Other personnel under the direction of the primary instructors may assist with teaching.

Student Eligibility

Any individual may enroll in the Medication Course for Unlicensed Personnel if he/she is a high school graduate or has achieved equivalency by passage of the GED test.

Before such an unlicensed individual may assume responsibility for administration of medications in a health facility, this individual must have completed the State approved course as evidence by passage of the qualifying exam and had at least three months experience in a health facility.

Course Content

The course content shall consist of classroom teaching through formal lectures, discussions, demonstrations. This section shall consist of a minimum of forty (40) hours. The suggested curriculum is shown on attachment 1.

In addition to the classroom work cited previously, an additional twenty (20) hours of clinical experience will be required under the direction of a registered nurse. This experience may be gained in a health facility. However, during this experience a registered nurse must give direct observation to the student and may observe no more than two individuals at one time.

Other Eligibility

It is recognized that there may be unlicensed individuals who have gained the required knowledge through instructional means. Therefore, a one-time proficiency examination will be given to determine if said individuals meet the necessary qualifications for administration of medications.

To be eligible to take the direct proficiency examination, such individuals must have:

(1) Received training in an educational institution in Medication Training as evidenced by a certificate of completion, or

(2) Received facility based training which has been documented and given on an ongoing basis by a registered nurse. In this case the applicant must present a document signed by the health facility administrator that such training has been received.

Indiana State Board of Health
Proposed Curriculum Outline

Content	Approx. Time	Suggested Methods and Activities	Rationale
I. Overview of Course	2 hours	Lecture and Discussion	Student Reassurance
A. Objectives		Distribute handout of objectives and expectations	Student awareness role on Health Care Team
B. Course Requirements		Discussion limitations of course content	Student awareness of requirements and obligations
C. Expectations Responsibilities			
D. Evaluation		Distribute Indiana and Federal requirements concerning drugs and drug administration	
E. Legal Authorities Standards and Policies			
F. Pre-Test			To determine level of knowledge and student needs
II. Introduction to Long-Term Care Nursing Principles	4 hours	Lecture and Discussion	Student awareness of physical and emotiona changes involved in aging process
A. Aging Process		Distribute hand-outs and assignment sheets	
B. Needs of Aging Individuals		Preventive Care and Health Maintenance	
C. Nursing Care for the Long Care Patient		Nutritional considerations for the aged Nursing approach to the confused elderly	Need for improved nursing skills rather than medications

Content	Approx. Time	Suggested Methods and Activities	Rationale
D. General Information on Administration of Medications		Special responsibilities of the nurse The five "rights"	
E. Test of Unit II			
III. Relationship of Body systems, Aging Process, and Drugs	18 hours	Lecture and Discussion	Knowledge of organs and body systems
A. Systems 1. Skeletal 2. Muscular 3. Nervous 4. Sensory organs 5. Circulatory 6. Respiratory 7. Digestive 8. Excretory 9. Endocrine 10. Integumentary (skin)		Basic information to be covered for body systems purpose and function major structures composition of organs aging changes and specific problems specific drugs and actions adverse reactions Filmstrips Hand-outs Anatomical Charts Assignment Sheets Test	Knowledge of drugs generally used in each area
B. Effect of Aging on Body Systems		Lecture and Discussion	To provide an awareness of the slowing of body processes and need of observations and continuous evaluation of medication ordering and administration.
1. Orientation to Pharmacology and Drug Information Sources		PDR Drug insert brochures	
2. Drugs a. Indications, actions, and adverse reactions b. Effects on specific systems			Knowledge of actions and adverse reactions of drugs
C. Test of Unit III			

Content	Approx. Time	Suggested Methods and Activities	Rationale
IV. Drugs and Principles of Drug Therapy	4 hours	Lecture and Discussion	Student awareness of drugs and their properties in general
A. Source and Origins		Handouts	
B. Preparation Methods-Clean Technique		List of commonly used drugs List of sound alike and look-alike drugs	
C. Dosage			
D. Forms			
E. Specific Categories		Dosage Degrees	
F. Action of Drugs			
G. Indications for Use and Adverse Effects		Display of charts, drug forms	General knowledge of actions and use of drugs
H. Various Uses of Drugs		Discussion of Schedule II drugs by pharmacist 1. Regulations relative to drug control 2. Responsiblity for control of Schedule II drugs	
I. Proper Storage of Drugs and Maintenance			Awareness of proper storage and maintenance of drugs Re: Deterioration Container type Refrigeration Moisture Exposure to Light
J. Procedures for Ordering, Receiving and Disposing of Drugs			
K. Test of Unit IV			
V. Abbreviations, Measurements and Time Schedules	3 hours	Lecture and Discussion	Familiarize students with common abbreviations and measurements utilized in the administration of medications
A. Forms of Medication (Measurement)		Hand-out of list of symbols and abbreviations	
B. Common Abbreviations and Symbols in Prescription Writing, Routes, Measures and Times of Administration		Visual Aid	Knowledge of accepted abbreviations and symbols

Content	Approx. Time	Suggested Methods and Activities	Rationale
C. Units of Measurements and Symbols		Hand-out Display chart illustrating common metric and apothecary measures	
D. Medication Time Schedules			
E. Test of Unit V			
VI. Principles and Techniques of Drug Administration	6 hours	Lecture, Discussion and Demonstration	Increase confidence of student in performing procedure correctly
A. Medication Delivery System 1. Traditional Delivery System 2. Unit Dose System			
B. General Considerations			Familiarize students with the two systems of medication delivery which are commonly utilized in long-term care facilities.
C. Preparing or "setting up" Medications		Class practice in reading and interpreting medicine cards and "setting up" medications	
D. Reading and Interpreting Medicine Cards		Discussion of routes of administration	Ability to demonstrate accurate measurement of medications to be given
E. Five Rights of Administration		Role-playing session to demonstrate "five rights" of administration	
F. Safety Precautions in Avoiding Errors		Discussion	Prevent potential errors in administration of medications.

Content	Approx. Time	Suggested Methods and Activities	Rationale
G. Charting Medications 1. General Instructions 2. Medication Record 3. Record on Nurses' Notes 4. Controlled Substance Record		Student practice in recording medications on sample chart forms Use of medication cards	Knowledge and awareness of accurate recording
H. Test of Unit VI			
VII. Legal and Ethical Obligations	2 hours	Lecture and discussion of legal obligation and drug administration	Aware of obligations and legal implications
A. Medication Errors 1. Reporting 2. Patient Care 3. Documentation (chart and incident report)		Define and discuss negligence	Awareness of dangers of administering drugs to self or others without directions from a physician
		Implications of administering drugs prepared or "set up" by another person Emphasize importance of recognizing limitations of role and functions	Knowledge of communication channels and chain of command
B. Automatic Stop Orders and Role of the Unlicensed Person			Knowledge of awareness of emergency drugs and unlicensed person' role in situations necessitating their use
C. Emergency Drugs and the Role of the Unlicensed Person			
D. Test of Unit VII			

	Content	Approx. Time	Suggested Methods and Activities	Rationale
VIII.	Final Written Examination	1 hour		
IX.	Clinical Practice in Health Care Facility	20 hours	Student administers morning and noon medications in health care facility under direct supervision of instructor	Application of principles learned in classroom

AREAS OF STUDY

FOR UNIT IX

NURSING TREATMENTS & MEDICINAL

#A - 9 - 1	Overview of Preparing and Administering Medications
#A - 9 - 2	Medication Fundamentals
#A - 9 - 3	Principles of Medication Therapy
#A - 9 - 4	Medications for the Skeletal Muscular Systems
#A - 9 - 5	Medications for the Nervous and Sensory Systems
#A - 9 - 6	Medications for the Respiratory System
#A - 9 - 7	Medications for the Circulatory System
#A - 9 - 8	Medications for the Upper Digestive System
#A - 9 - 9	Medications for the Lower Digestive System
#A - 9 - 10	Medications for the Urinary and Male Reproductive Systems
#A - 9 - 11	Medications for the Endocrine and Female Reproductive System
#A - 9 - 12	Medications for the Skin
#A - 9 - 13	Anti-Infectives and Anti-Inflammatory Medications
#A - 9 - 14	Factors That Alter Medication Effectiveness
#A - 9 - 15	Medications As They Relate to the Care of the Aged
#A - 9 - 16	Medication Storage

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#A - 9 - 17	Medication Orders - What They Mean
#A - 9 - 18	Application of Medication Orders
#A - 9 - 19	Medication Delivery Systems
#A - 9 - 20	Principles of Medication Administration
#A - 9 - 21	Charting Medications
#A - 9 - 22	Legal and Ethical Obligations of Medication Administration
#A - 9 - 23*	Prepare Oral Medication for a Patient
#A - 9 - 24*	Administer Oral Medication To A Patient
#A - 9 - 25*	Count Narcotics and Controlled Drugs to Establish Accuracy of Supply
#A - 9 - 26*	Apply Topical Medications for a Patient
#A - 9 - 27*	Instill Eye Medication for a Patient
#A - 9 - 28*	Instill Ear Medication for a Patient
#A - 9 - 29*	Instill Nasal Medication for a Patient
#A - 9 - 30*	Insert a Rectal and Vaginal Suppository

* Modules Completed

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APPENDIX B.3

SUMMARY OF TASK ANALYSES, INSTRUCTIONAL OBJECTIVES AND CRITERION-REFERENCED TESTS FOR THE INDIANA MEDICATION AIDE TRAINING PROGRAM

3.1	A-9-23	PREPARE ORAL MEDICATION FOR A PATIENT
3.2	A-9-24	ADMINISTER ORAL MEDICATION TO A PATIENT
3.3	A-9-25	COUNT NARCOTICS OR CONTROLLED DRUGS TO DETERMINE THE ACCURACY OF INVENTORY RECORDS MODULE
3.4	A-9-26	APPLY A TOPICAL MEDICATION FOR A PATIENT
3.5	A-9-27	INSTILL EYE MEDICATION FOR A PATIENT
3.6	A-9-28	INSTILL EAR MEDICATION FOR A PATIENT
3.7	A-9-29	INSTILL NASAL MEDICATION FOR A PATIENT
3.8	A-9-30	INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT

PROJECT H.O.P.E.

Performance Based Student Training

Summary of Task Analyses, Instructional Objectives and Criterion-Referenced Tests for the Indiana Medication Aide Training Program

The Performance Based Student Training Delivery System that emerged from the 1975-76 year of Project H.O.P.E., had established the following chronological format for the development of psycho-motor skills identified for curriculum purposes:

1. Each identified psycho-motor skill should undergo an extensive task analysis.
2. A terminal or instructional objective should be generated from each task analyzed.
3. A criterion-referenced test, specifically matched to the instructional objectives, should be written.
4. Further learning material, e.g. resources and student activities could then be selected or developed to enable the student to perform the given psycho-motor skill competently.

During the first meeting of the 1976-77 Performance Based Student Training Advisory Sub-Committee with the representative from the State Board of Health, regarding the development of the Medication Aide Training Program, it was necessary for the psycho-motor skills to be identified. Eight such skills were identified as follows:

1. Prepare Oral Medication For A Patient
2. Administer Oral Medication To A Patient
3. Count Narcotics or Controlled Drugs To Determine the Accuracy of Inventory Records
4. Apply Topical Medication For A Patient
5. Instill Eye Medication For A Patient

6. Instill Ear Medication For A Patient
7. Instill Nasal Medication For A Patient
8. Insert Rectal or Vaginal Suppositories For A Patient

On the following pages can be found the task analysis, instructional (terminal) objective and criterion-referenced test for each of the aforementioned psycho-motor skills.

(# 262 a)

Task Analysis Guide

Date:	Job Title:	Unit Title:	Prepared by:

Task Statement: (State as an action verb with an object)

Prepare Oral Medication For The Patient

Task Performance Cues: (List events which initiate task performance)

Doctor's Order (Standing Regular order) Best Method of Admin. for Medication

Task Performance Procedure:

1. Pose decisions as yes/no questions. Proceed by indicating next step to follow for yes or no answer.
2. State steps as subtask statements. Proceed to "Go to Step".
3. List performance steps by the most frequently occuring sequence.
4. Whenever possible list tools, references, work aids, etc.

	TASK ELEMENT	Decisions		Go to Step	Tools, References, Work Aids
		Yes	No		
1.	Check the patient's chart for doctor's order sheet for verification of the medication, dosage; mode of administration and time of administration	--	--	2	Doctor's order Module
2.	Is there any part of the medication order you do not understand?	27	3	--	
3.	Is the medication ordered to be given orally?	3a.	29	--	
3a.	Is medication ordered a narcotic?	31	4	--	Modes of Admin. Modules
4.	At the appropriate time, proceed to prepare the medication	--	--	5	Beyond limits Medical Time Module
5.	Obtain the keys for medication area	--	--	6	Medical Storage Module
6.	Unlock the Medication Area where specific medication is stored	--	--	7	Medical Storage Module
7.	Wash your hands in adjacent facility to medication area or room	--	--	8	Hand washing Technique Module
8.	Check shelf or individual storage for medication for specific patient	--	--	9	Medical Storage Module
9.	Is the medication container available or present?	10	32	--	Need Container
10.	Select container for medication	--	--	11	

	TASK ELEMENTS	Decisions		Go to Step	Tools, References Work Aids
		Yes	No		
11.	Read label on container and verify medication with medication order	--	--	12	
12.	Does ordered medication have a variable trade name?	34a	13	--	Medical name Module
13.	Is medication in the correct dosage?	14	35	--	Medical Dosage Module
14.	Is medication packaged in unit dosage?	15	38a	--	
15.	Take unit dosage package from container	--	--	16	
16.	Verify label on unit	--	--	17	
17.	Is unit dosage in correct dosage and form?	18	32	--	
18.	Place unit dosage on tray	--	--	19	
19.	Close container - verify label third time with medication order	--	--	20	
20.	Return container to proper storage place	--	--	21	
21.	Can patient swallow medication in present form?	22	48	--	
22.	Is patient to have any specific beverage or substance with medication?	49	23	--	
23.	Is patient to receive any other medications at this same time?	51	24	--	
24.	Are you preparing medications for any other patients at this same time?	52	25	--	
25.	Obtain pitcher of water and supply of paper drinking cups	--	--	25a	
25a.	Clean up preparation area when finished	--	--	26	
26.	Lock or secure medication area when finished with preparation	--	--	EOT	
27.	Check with your superior for clarification	--	--	28	
28.	Are you to proceed with preparation of medications after checking with superior?	3	EOT	--	
29.	Are you qualified to administer medication by the route ordered?	30	31	--	
30.	Prepare medication according to prescribed method for mode of administration	--	--	EOT	
31.	Inform your superior of inability to perform task	--	--	EOT	
32.	Is it your responsibility to inform the pharmacist of medications needed in the patient area?	33	31	--	
33.	Inform pharmacist, according to method of need for medication	--	--	34	

	TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
		Yes	No	Step	
34.	Will medication be available in time for you to administer it?	10	31	--	
34a.	Verify variable trade name with available drug information source	--	--	34b	Drug Information Resource Module
34b.	Could you verify variable drug name?	13	31	--	Drug Information Resource Module
35.	Are you qualified to prepare the prescribed dosage of medication from the dosage on hand?	36	31	--	Variable Dosage Module or Beyond Limit
36.	Prepare the dosage needed from the dosage available according to correct methods	--	--	37	Step Variable Dosage Modules
37.	Verify newly prepared dosage with medication dosage ordered	--	--	38	Step
38.	Place in medication cup or directly on tray	--	--	19	Step
[illegible].	Obtain paper souffle cups or calibrated medicine cups	--	--	39	Step
39.	Pick up container and open. If screw lid, place lid surface up side down	--	--	40	Step
40.	Is medication a liquid or powder?	47	41	--	
41.	Pour desired number of tablets or capsules into lid of container	--	--	42	Step
42.	Pour desired number of capsules or tablets into souffle cups - avoid touching rim of cup	--	--	43	Medical Asepsis Module
43.	Verify the poured medication with the medication order	--	--	44	Step
44.	Do you have more medication capsules than are needed	46	45	--	
45.	Dispose of excess medication down large holed drain and run water until medication is flushed away	--	--	46	
46.	Place medication cup on tray	--	--	19	Step
47.	Hold calibrated medicine cup to eye level, place thumb nail at desired amount and pour medication (label up) to lowest point of the meniscus	--	--	47a	Step
47a.	Clean lid of container	--	--	45	
48.	Crush or liquify medication to make it ingestable for patient	--	--	22	

TASK ELEMENTS	Decisions		Go to	Tools, References Work Aids
	Yes	No	Step	
49. Obtain specified beverages or substances to be given with medication	--	--	50	
50. Obtain any necessary equipment or supplies needed to give specified beverages or substances	--	--	23	
51. Is additional medication for patient to be given orally?	8	29	--	
52. Prepare medication for additional patient according to steps of this procedure	--	--	8	

GENERATING INSTRUCTIONAL
OR
TERMINAL OBJECTIVES

1. TASK STATEMENT: Prepare Oral Medication for a Patient

2. DESIRED OUTCOMES:

   a. Employ the principles of oral medications

      (1) verification of medication order
      (2) forms of medication
      (3) medication name and dosages
      (4) storage of medication

   b. Recognize the limitations of the preparer in regard to preparation of oral medications

   c. Collect the supplies necessary for the preparation of oral medications

   d. Incorporate principles of medical asepsis

      (1) hand washing technique
      (2) handling of medications
      (3) handling of medication container

   e. Sequence steps necessary to prepare oral medications

      (1) for the unit dosage
      (2) for the quantity container

   f. Employ most common variations of preparation of oral medications for individual needs

      (1) crush medications
      (2) mix medications with liquids or food substances

3. PERFORMANCE STANDARDS:

   a. Adhere 100% to general rules of medication preparation

      (1) limitations of preparer
      (2) locking or securing of facilities
      (3) principles of medical asepsis
      (4) verification of medication order with doctor's order
      (5) alters state of medication if indicated (crush, liquify, mix, etc.,)
      (6) signs out for narcotics or controlled drugs

4. GIVENS: (Performance Conditions)

   Simulated laboratory for testing; 4 patients' charts with selected medication orders, Kardex system with cards for 4 charts; appropriate medication cards to go with medication dosages; medication tray; appropriate medication or simulated to have normal appearance; medication cabinet or cart with lock facilities; medication cups - souffle and calibrated; keys; narcotic or controlled drugs

4. GIVENS: cont.

book; special storing area for narcotics; water pitcher, and drinking cups; any additional equipment that may be needed for alteration of administration (teacher's perrogative)

5. TERMINAL OR INSTRUCTIONAL OBJECTIVE:

Your objective for this task consists of four (4) parts as follows:

1. Given 1 of 4 possible unit - dose medications to prepare, the proper equipment and an oral medications check list you will:
    a. verify the medication order
    b. prepare the medication as ordered
    c. perform the task within 5 minutes
    d. maintain 100% accuracy on the check list
2. Given 1 of 4 possible solid medications (from quantity container) to prepare, the proper equipment and an oral medication check list, you will:
    a. verify the medication order
    b. prepare the medication as ordered
    c. perform the task within 7 minutes
    d. maintain 100% accuracy on the check list
3. Given 1 of 4 possible liquid or powder medications (from quantity container) to prepare, the proper equipment and an oral medication check list, you will:
    a. verify the medication order
    b. prepare the medication as ordered
    c. perform the task within 10 minutes
    d. maintain 100% accuracy on the check list
4. Given 1 of 4 possible liquid or solid narcotics or controlled drugs to prepare the proper equipment and an oral medication check list, you will:
    a. verify the medication orders
    b. prepare the medication as ordered
    c. record the medication on proper sheet
    d. verify the drug count
    e. perform the task within 13 minutes
    f. maintain 100% accuracy on the check list

Health Occupations Program Educators, Fall 1976, by Phyllis Bilger, R.N.

HOE

MASTER TEST

CHECK LIST
FOR
PREPARATION OF ORAL MEDICATIONS
FOR A PATIENT

U	S		
_____	_____	1.	Verifies medication order (using method given) with doctor's orders on patient's chart
_____	_____	2.	Adheres to limitations of medications able to prepare
_____	_____	3.	Obtains medication key, (and control book if indicated) and unlock medication area
_____	_____	4.	Washes hands according to proper technique (30 second wash)
_____	_____	5.	Selects correct container for medication
_____	_____	6.	Verifies label for type and dosage of medication
_____	_____	7.	Opens container and pours medication correctly for type ordered
_____	_____	8.	Verifies (poured) medication with medication order
_____	_____	9.	Closes container properly and verifies third time
_____	_____	10.	Records narcotics or controlled drugs properly * (verifies drug count)
_____	_____	11.	Stores medication properly (for type)
_____	_____	12.	Alters state of medication properly *
_____	_____	13.	Obtains any additional equipment necessary to administer medication *
_____	_____	14.	Locks or secures medication area when finished
_____	_____	15.	Cleans up preparation area
_____	_____	16.	Maintains medical asepsis throughout task
_____	_____	17.	Sequences steps of medication preparation correctly
_____	_____	18.	Meets time limit

* if applicable

SCORE _____________

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Task Analysis Guide

Date: Job Title: Unit Title: Prepared by:

Task Statement: (State as a action verb with an object)

Administer Oral Medications to a Patient

Task Performance Cues: (List events which initiate task performance)

Doctor's Order (stat, standing, routine)
Best method of administration of medication

Task Performance Procedure:

1. Pose decisions as yes/no questions. Proceed by indicating next step to follow for yes or no answer.
2. State steps as subtask statements. Proceed to "Go to Step".
3. List performance steps by the most frequently occuring sequence.
4. Whenever possible list tools, references, work aids, etc.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
1. Has medication been prepared according to correct method?	2	29		Oral Medical Preparation Mod.
2. Have proper supplies for administration of medication been assembled?	3	30		Oral Medical Preparation Mod.
3. Has medication area been locked or secured?	4	31		Oral Medical Preparation Mod.
4. Have water and drinking cups been obtained?	4a	32		Oral Medical Preparation Mod.
4a. Wash your hands in adjacent facilities			5	Hand Washing Technique Module
5. Take medication tray, with medications, water, any equipment and medication card (if used) to patient's assigned unit			6	All equipment for medical administration units of agency
6. Is patient in assigned unit?	7	33		observation
7. Is patient in isolation?	41	8		observation
8. Establish patient's identity (by name band or given method of agency)			8a	Five Rights of Medication Administration
8a. Make final verification of medication, dosage, time, method of administration			9	Five Rights of Medication Administration

TASK ELEMENTS	Decisions		Go to Step	Tools, References Work Aids
	Yes	No		
9. Is patient concious?	10	43		Observation Mod.
10. Are you able to communicate with patient verbally or non-verbally?	11	46		Communication Module
11. Explain to patient the task you are going to perform			12	Communication Module
12. Is patient resistive to the task?	51	13		Observation Mod.
13. Does patient have any prior needs that should be taken care of before the medication is given?	52	14		Observation Mod.
14. Is patient in proper position for taking and/or swallowing medication?	15	54		Moving Patient In Bed Module
15. Is medication in unit-dosage?	16	18		Medical Administration Mod.
16. Open unit-dosage package			17	Step
17. Is patient able to take medication by self?	18	56		Observation Mod.
17a. Is medication to be taken sub-lingual or buccal?	55a	18		Methods of Administration Module
18. Is patient on measured or restricted intake of liquids?	59	18a		Oral Intake Module
18a. Is medication a liquid?	59a	19		Observation Module
19. Assist patient with water or liquid needed to swallow medication (as needed)			20	Feed Patient Module
20. Was patient able to swallow medication?	21	60		Observation Module
21. Were there any immediate ill effects from the medication?	65	22		Observation Module
22. Make patient comfortable			22a	Moving Patient In Bed Module
22a. Place call bell where patient can reach it			23	Safety Module
23. Is side rail of patient's bed up or is patient in safe situation to leave along?	24	66		Safety Module

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TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
	Yes	No	Step	
24. Take medication tray back to medication preparation area			25	Areas of agency
25. Dispose of any waste materials in proper manner			26	Medical Asepsis Module
26. Are you dispensing medication to any other patients?	67	27		
27. Clean medication tray and put away in proper manner			28	Medical Asepsis & Medical Storage Module
28. Chart medications administered and any observations made before, during or after administration			EOT	Charting Module
29. Prepare medication in proper manner for mode of administration			2	Prepare Oral Medication Module
30. Assemble proper supplies for administration of medication (according to order or patient need)			3	Supplies for Medication
31. Lock or secure medication area according to policy of health care agency			4	Medical Storage Module
3 Obtain adequate supply of drinking water and drinking cups			5	Supplies for Medications
33. Is patient close at hand?	34	35		Assessment
34. Take medication to area where patient is located			7	Step
35. Is it necessary for patient to have medication before returning to own unit?	40	36		Time & Import. of order
36. Take medication back to medication area			37	Step
37. If medication can be retained-store in safe place until patient returns			38	Medical Storage Module
38. If medication cannot be retained, dump it down closest large-hole drain and flush away with running water			38a	Disposal of Medication rule
38a. Was medication destroyed a narcotic or controlled drug?	38b	39		Narcotic Rule & Reg. Module
38b. Obtain sign out book for narcotics and controlled drugs			38c	
38c. Turn to correct drug sheet (for medication destroyed)			38d	
38d. Find correct entry of destroyed medication and change "item given" to "wasted" so that medication can be given later if needed			39	

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	TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
		Yes	No	Step	
39.	Inform superior of inability to perform task			EOT	Chain of Commands
40.	Are you able to take medication to patient?	34	39		Assessment
41.	Are you qualified to care for a patient in isolation?	42	39		Assessment
42.	Employ isolation technique for administration of oral medications			8	Isolation Technical Module
43.	Does patient have a feeding tube that the medication is to be placed in?	44	39		Chain of Commands
44.	Are you qualified to perform a tube feeding?	45	39		Assessment
45.	Proceed to administer medication employing tube feeding method			13	Feed a Patient Via Tube Feeding
46.	Is there anyone else present that can communicate with the patient verbally or non-verbally?	47	48		Communication Module
47.	Explain what you are going to do to the other person who can communicate with the patient and have that person explain to the patient			12	Communication Module
48.	Inform superior of situation			49	Chain of Commands
49.	Are you to attempt proceeding with administration of medications?	50	EOT		Assessment
50.	Proceed very slowly with everything you do as you administer medication - if further difficulties arise - inform superior			12	Assessment
51.	Are you able to convince patient to let you proceed with task?	13	48		Communication Module
52.	Are you qualified to take care of patient's prior needs?	53	39		Assessment
53.	Administer necessary care as indicated			14	
54.	Are you able to position patient to take medication?	55	39		Assessment
55.	Position patient properly to administer oral medication			15	Move Patient In Bed Module

TASK ELEMENTS	Decisions Yes	Decisions No	Go to Step	Tools, References, Work Aids
55a. Explain to patient, medication must be held under tongue if sub-lingual or between gum and jaw if buccal-until dissolved - caution not to swallow medication or drink fluids until dissolved			55b	Methods of Administration Module
55b. Place medication under the tongue if sub-lingual or between gum and jaw if buccal			21	Methods of Administration Module
56. Is patient's mouth extremely dry?	58	57		Observation
57. Place unit dose or medication cup to patient's mouth and "pour" medication into mouth			19	Feeding Module
58. Give patient a drink before giving medication			57	Feeding Module
59. Measure and record all fluids given to patient with medication - adhering to stipulated restrictions			19	Oral Intake Module
59a. If medication is a cough medication, do not give liquids following administration			20	Drug Forms
60. Is patient choking on medication?	62	61		Assessment
6[illegible] Have patient place - or you place - medication as far back on tongue as possible			19	Feeding Module
62. Is assistance needed to help free medication from patient's throat?	64	63		Assessment
63. Free medication from patient's throat using proper technique			48	Obstructed Airway Module
64. Attain needed assistance, to help free medication by method used for your agency (do not leave patient)			63	Obstructed Airway Module
65. Inform superior immediately of ill effects and follow instructions given			22	Reporting & Recording Module
66. Raise side rails to proper level or employ measures needed to make certain patient will not fall or be hurt			24	Safety Module
67. Repeat entire medication administration procedure for each patient			1	

Health Occupations Program Educators, Fall 1976, Phyllis Bilger, R.N.

GENERATING TERMINAL
OR
INSTRUCTIONAL OBJECTIVE

1. TASK STATEMENT: Administer Oral Medication to A Patient

2. DESIRED OUTCOMES: (Interim or Enroute Objectives??)

   a. Identify the supplies necessary for the administration of oral medications

   b. Employ "5 rights" in medication administration

      (1) right medication
      (2) right dosage
      (3) right patient
      (4) right time
      (5) right method of administration

   c. Incorporate principles of medical asepsis

      (1) handwashing technique
      (2) handling of medication
      (3) handling of patient's personal articles
      (4) care of used equipment

   d. Sequence steps necessary to administer oral medication

      (1) for patient situation
      (2) for patient needs
      (3) for completing task

   e. Observe patient reaction to administration of medication - seeks assistance from proper source - if needed

   f. Record specific and relevant information about the administration of medication for most efficient and safe care of the patient

3. PERFORMANCE STANDARDS: (Interim or Enroute Objectives??)

   a. Adhere 100% to general rules of medication administration

      (1) locking or securing of facilities
      (2) principles of medical asepsis
      (3) employs 5 rights of medication administration
      (4) limitations of medication aide in regard to specific patient situation
      (5) observation of patient

Health Occupations Program Educators, Fall 1976, Phyllis Bilger, R.N.

GENERATING TERMINAL OR INSTRUCTIONAL OBJECTIVE

- (a) before administration
- (b) during administration
- (c) after administration

b. sequence steps of task for specific situation

c. maintains safety standards necessary for task

- (1) position patient
- (2) ability of patient to swallow
- (3) correct technique in event patient chokes
- (4) correct method of handling if unable to administer

d. maintains 100% accuracy in recording medication administered and any observations made during administration

e. maintains 100% accuracy in given time limit for administration

- (1) uncomplicated patient situation within 10 minutes (?)
- (2) complicated patient within 15 minutes (?)

4. GIVENS: (Performance Conditions)

Simulated laboratory for testing; 4 patients' charts with selected medication orders; Kardex system with cards for 4 charts; appropriate medication cards to go with medication dosages; medication tray; appropriate medication or simulated to have normal appearance; medication cabinet or cart with lock facilities; medication cups - souffle and calibrated; water pitcher and drinking cups; any additional equipment that may be needed for situations e.g., emesis basin, bedpan etc.; a simulated patient's unit and a student patient (classmate)

5. TERMINAL OBJECTIVE:

Your objective for this task consists of two (2) parts as follows:

Given 1 of 4 possible standard situations (solid liquid Unit-Dose Mix) * a prepared oral medication, proper administration equipment, a student patient in a simulated patient unit and an oral medication administration check list, you will:

HOE

GENERATING TERMINAL OR INSTRUCTIONAL OBJECTIVE

a. employ the "5 rights" of medication administration

b. administer the medication to the patient

c. record the administration of the medication and observations made before, during and after the administration

d. complete the task within 10 (?) minutes

e. attain 100% (?) accuracy on the check list

Given 1 of 4 possible complicated patient situations, a prepared oral medication; proper administration equipment; a student patient in a simulated patient unit; and an oral medication administration check list, you will:

a. employ the "5 rights" of medication administration

b. employ necessary steps to care for patient's needs or complication

c. administer the medication to the patient

d. record the administration of the medication with observations and/or alterations

e. complete the task in a reasonable period of time (determined by the teacher)

f. attain 100% accuracy on the oral medication administration check list

HOE

CHECK LIST FOR

ADMINISTRATION OF ORAL MEDICATIONS

FOR A PATIENT

MASTER TEST

U	S		
_____	_____	1.	Checks to make certain all supplies and equipment are present for administration of medication
_____	_____	2.	Checks to make certain medication area is locked or secured
_____	_____	3.	Washes hands according to the proper technique
_____	_____	4.	Takes medication (by proper method) to correct patient unit
_____	_____	5.	Identifies patient and verifies medication for type, dosage, mode of administration, and time
_____	_____	6.	Communicates with the patient
_____	_____	7.	Takes care of any prior needs patient may have (if applicable)
_____	_____	8.	Positions patient to take medication (If indicated)
_____	_____	9.	Administers medications correctly for mode of administration (assists patient if indicated)
_____	_____	10.	Observes patient before, during and after administration of medication
_____	_____	11.	Makes patient comfortable and gives call bell after administration of medication
_____	_____	12.	Returns to medication area and cleans properly
_____	_____	13.	Proceeds correctly if unable to administer medications
_____	_____	14.	Maintains medical asepsis throughout task
_____	_____	15.	Records medication and observations correctly
_____	_____	16.	Sequences steps correctly for administration of medication
_____	_____	17.	Meets time limit
_____	_____	18.	Maintains 100% accuracy on check list

SCORE ____________________

Health Occupations Program Educators, Fall 1976, Phyllis Bilger, R.N.

Task Analysis Guide

Date: Job Title: Unit Title: **Prepared by:**

Task Statement: (State as a action verb with an object) **Count Narcotics or Controlled Drugs To Determine the Accuracy of Inventory Records**

Task Performance Cues: (List events which initiate task performance)

8 Hour Shift Count Discrepance in Count While Preparing Medications

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Task Performance Procedure:

1. Pose decisions as yes/no questions. Proceed by indicating next step to follow for yes or no answer.
2. State steps as subtask statements. Proceed to "Go to Step".
3. List performance steps by the most frequently occuring sequence.
4. Whenever possible list tools, references, work aids, etc.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
1. Obtain the sign out book for narcotics and controlled drugs and the keys to the medication area where stored			2	Sign out book Keys
2. Obtain assistance of another individual who is qualified to determine accuracy of narcotics and controlled drug supply (if 8 hour shift count it is preferable if done by on coming and off going medication persons)			3	Rules & Reg. for Meds-Mod. " " " " " "
3. One person should be positioned close to the medication storage area with the sign out book			4	
4. Second person unlock medication area where narcotics and controlled drugs are stored			5	Storage of Meds-Module
5. Person counting should wash hands properly			6	Hand Washing Module
6. Person with sign out book should turn to first medication sign out sheet or specific sheet of medication in question			7	Step
7. Person at medication area should select the container for the medication on sign out sheet			8	Prepare Med. Module
8. Read the label on the container and verify the medication with the sign out sheet			9	" " " " " "
Is medication name and dosage the same on label and sign out sheet?	10	21		Prepare Med. Module

Project HOPE, Winter 1976, written by Phyllis Bilger, R.N.

	TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
		Yes	No	Step	
10.	Is medication packaged in unit dosage?	11	24		Prepare Med. Module
11.	Count the number of unit doses that you have in the container			12	Step
12.	Give the medication count to the person with the sign out book			13	Step
13.	Does the count of the medication in the container coincide with the balance on the sign out sheet?	14	28		Step
14.	Return the container to the proper storage place			15	Drug Storage Module
15.	Are there other narcotics or controlled drugs to be counted at this time?	33	16		Step
16.	Is there a place that you and the other person should record the verification of your count?	35	17		Step
17.	Lock the medication area			18	Prepare Med. Module
18.	Clean up the medication area - if indicated			19	" " "
19.	Return the sign out book and keys to the proper place			20	Step
20.	Report correct count to superior - if indicated			EOT	
21.	Contact your superior immediately for instructions			22	Chain of comm.
22.	Are you to contact the pharmacist?	23	14		Limitations
23.	Contact pharmacist and make necessary arrangements to have error corrected or noted			15	Health facility policy
24.	Is medication in a controlled dispenser for tablets or capsules?	25	26		Step
25.	Look at the top of the dispenser and observe the number of compartments in which there are tablets or capsules			12	Step
26.	Is medication a liquid in a container with calibrations on the side?	27	21		Prepare Med. Module
27.	Hold the calibrated container to eye level, place thumb nail at level of medication and read amount of medication in container			12	" " " " " "
28.	Recount the medication in the container			29	Step
29.	Is there still a discrepancy?	30	14		Step

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	TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
		Yes	No	Step	
30.	Check the Kardex and/or medication sheets of all patients receiving this specific narcotic or controlled drug			31	Kardex & Charting Mod.
31.	Was there a dose of the medication given that was not signed out for?	32	21		Observation
32.	Record the drug, dosage, date, time and name of the person to whom it was given plus the name of the person who gave the medication followed by your initials in parenthesis			14	Step
33.	Turn to the next sign out sheet and proceed through steps # 7 - 14			34	Repeat steps
34.	Continue through each sign out sheet until all the medications have been counted			16	
35.	Turn to the sheet that is used to verify the medication count (if not in sign out book-obtain from proper place)			36	Health facility policy
3	Both the person counting and the person observing the sign out book should sign their names, time and date of verification of the narcotic and controlled drug count			17	Step-health facility policy

GENERATING INSTRUCTIONAL
OR
TERMINAL OBJECTIVE

1. TASK STATEMENT: Count Narcotics or Controlled Drugs To Determine the Accuracy of Inventory Records

2. DESIRED OUTCOMES:

   a. Obtain the necessary equipment to perform the task of counting narcotics or controlled drugs

      (1) sign out book
      (2) keys to medication area where stored

   b. Incorporate the principles of medical asepsis

      (1) hand washing technique
      (2) handling of medication containers

   c. Employ rules and regulations of narcotic and controlled drug inventory

      (1) required frequency of count
      (2) required personnel needed
      (3) required methods of storage
      (4) proper methods of counting
      (5) required methods of recording
      (6) proper methods of verification

   d. Sequence the steps necessary for accurate inventory

      (1) establish accuracy of supply
      (2) incorporate validation in event of discrepancy

   e. Record and/or report results of count

      (1) validation of count
      (2) discrepancy in count

3. PERFORMANCE STANDARDS:

   a. Adhere 100% to rules for counting narcotics and controlled drugs

      (1) required records
      (2) required personnel
      (3) proper storage
      (4) proper method of counting

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3. PERFORMANCE STANDARDS: cont.

   (5) proper methods for discrepancy
   (6) proper validation of count

   b. Sequence steps for specific situation

   c. Maintain 100% accuracy in records and validation

   d. Maintain 100% accuracy in given time limit for performing routine count of six (6) drugs in ten (10) minutes

4. GIVENS: (Performance Conditions)

Simulated laboratory for testing; narcotics and controlled drugs record book (with appropriate record sheets); Kardex; patients charts (for situations) medication cabinet or cart with lock facilities; keys to unlock medication cabinet or cart; simulated medication (normal appearance) to coincide with record sheets; 4 situations (for discrepancies); student partner

5. TERMINAL OBJECTIVE:

Your objective for this task consists of two (2) parts:

1. Given the proper equipment, a student partner and a check list for "Counting Narcotics and Controlled Drugs", you will:
   - a. obtain the necessary equipment to count narcotics and controlled drugs
   - b. count the given medication-according to rules and regulations and verify with partner
   - c. record and/or report results of count
   - d. complete the task within 10 minutes
   - e. attain 100% accuracy on the check list

2. Given 1 of 4 possible situation in which there is a discrepancy in the medication count, the proper equipment, a student partner and a check list for "Counting Narcotics and Controlled Drugs", you will:

5. TERMINAL OBJECTIVE: cont.

a. obtain the necessary equipment to count narcotics and controlled drugs

b. count the given medication-according to rules and regulations and verify with partner

c. locate the discrepancy and correct (if possible)

d. record and/or report results of count correctly

e. attain 100% accuracy on counting medication check list

CHECK LIST
FOR
COUNTING NARCOTICS AND CONTROLLED DRUGS

MASTER TEST

U	S		
____	____	1.	Obtains proper equipment for counting medication
____	____	2.	Procures qualified assistance for count
____	____	3.	Unlocks medication area correctly
____	____	4.	Washes hands according to proper technique
____	____	5.	Identifies medications correctly for each one counted
____	____	6.	Counts medication correctly (according to method used or form of medication)
____	____	7.	Verifies each medication counted with partner
____	____	8.	Re-affirms count*
____	____	9.	Re-counts medication and gives second count*
____	____	10.	Checks sign out record for possible errors*
____	____	11.	Checks doctor's orders and medication sheets in order to locate discrepancy*
____	____	12.	Corrects discrepancy in proper manner*
____	____	13.	Verifies and/or reports correct count on written form
____	____	14.	Reports to superior if unable to resolve discrepancy*
____	____	15.	Locks facilities and tidies medication area
____	____	16.	Sequences steps of task correctly
____	____	17.	Maintains medical asepsis throughout task
____	____	18.	Meets time limits*
____	____	19.	Maintains 100% accuracy on check list

* if applicable

SCORE ______________

Health Occupations Program Educators, Winter 1976, Phyllis Bilger, R.N.

TASK ANALYSIS GUIDE

I. Task Statement: Apply a Topical Medication For A Patient

II. Task Performance Cues: Physician's Order - Standing, Routine or Stat
Best Method of Administration

III. Task Performance Procedures:

A. When a decision must be made, indicate alternatives as "yes-no" answers to questions.

B. List performance steps by most frequently occurring sequence.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
1. Check the patient's chart for doctor's order sheet for verification of the medication dosage mode of administration, time of administration and area of application.			2	Dr.'s Order Module
2. Is there any part of the medication order you do not understand?	41	3		Assessment
3. Is the medication to be administered topically?	4	43		Mode of Adm. Module
4. At the appropriate time, proceed to apply topical medication.			5	Med. Time Module
5. Are medications and supplies being kept in the medication room or cabinet?	5a	46		Med. Storage Module
5a Go to medication area and unlock.			6	
6. Wash hands in adjacent facilities			7	Hand Washing Module
7. Obtain topical medication container & verify it with doctor's orders.			8	Prepare Med. Module

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TASK ELEMENTS	Decisions Yes	Decisions No	Go to Step	Tools, References, Work Aids
8. Is it the correct medication?	9	50		Observation
9. Place topical medication on medicine tray and secure medication area.			10	Med. tray
10. Is topical medication a lotion or liniment?	11	53		Med. Form Module
11. Go to area where supplies are stored. Obtain sterile gauze squares or cotton balls, a sterile glove and a bag or paper for discarding soiled supplies - place all items on medication tray.			12	Step
12. Take medication tray with supplies and medication to patient's assigned unit.			13	Kardex
13. Is patient in assigned unit?	14	62		Observation
14. Is patient in isolation?	67	15		
15. Establish patient's identity (by name band or given method for agency).			16	Oral Med. Adm. Module
16. Are you able to communicate with patient verbally or non-verbally?	17	69		Comm. Mod.
17. Explain to patient the task you are going to perform.			18	Comm. Mod.
18. Is patient resistive to the task?	72	19		Observation
19. Does patient have any prior needs that should be taken care of before medication is applied?	75	20		Observation
20. Is patient in proper position for application of topical medication?	21	77		Observation
21. Is patient's bed (or chair) in proper position for you to maintain proper body mechanics while applying medication?	22	79		Observation
22. Make verification of medication, dosage, time, method of administration and area of application.			23	Dr's. Orders Module
23. Drape patient with area to be medicated exposed (if area is extremely large - expose only small portion at a time)				Draping Mod.

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TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
24. Open the container of medication and place cap upside down on tray.			25	Oral Med. Prep. Mod.
25. Open the sterile gauze or cotton balls, preventing contamination.			26	Handlg. Sterile Equip. Mod.
26. Open sterile glove and place on the hand you will be using to apply topical medication.			27	Handlg. Sterile Equip. Mod.
27. With gloved hand, pick up several gauze squares or cotton balls.			28	Handlg. Sterile Equip. Mod.
28. With ungloved hand, pick up container of topical medication (label up)			29	Step
29. Pour enough medication on gauze or cotton balls to cover affected area, or at least a portion of it (do not allow medication to drip from gauze or cotton).			30	Step
30. Pat medication gently on affected area - DO NOT RUB - (Observe the skin for over-all appearance while applying medication)			31	Step
31. Was there any immediate ill effects from the medication?	80	32		Observation
32. Continue steps 29-31 until all of affected area, that is exposed, has been medicated sufficiently (change gauze square or cotton balls as needed).			33	
33. Discard all soiled gauze or cotton into disposal bag or paper - as used.			34	Dsg. Chg. Mod.
34. Does the drape on the patient need to be re-positioned to apply medication to other areas?	83	35		Dr. Order
35. When finished, remove glove-discard with soiled gauze or cotton balls.			36	Dsg. Chg. Mod.
36. Replace lid on medication container.			37	Oral Med. Prep. Mod.
37. Gather up all items to be taken from patient's unit.			38	
Make patient comfortable and safe.			39	Comft. Mod.

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TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
39. Take all unnecessary items from patient's room and dispose accordingly.			40	Clean Pt's. Room Mod.
40. Chart application of medication and all observations made before, during and after application of topical medication.			EOT	Charting Mod.
41. Check with your superior for clarification.			42	Chain-of commands
42. Are you to proceed with application of the topical medication?	4	EOT		
43. Are you qualified to administer the medication as ordered?	44	45		Assessment
44. Proceed with medication administration according to proper methods required.			EOT	To proper method module
45. Inform superior of inability to perform task.			EOT	
46. Are medication and supplies being kept in the patient's room?	47	41		Observation
47. Proceed to patient's room and verify that you have the medication and supplies needed for the application.			48	Verification procedure
48. Do you have everything you need for the application?	13	49		
49. Procure necessary items for the application.			13	Med. & Supply Storage Mod.
50. Inform superior of incorrect medication.			51	Chain-of-Commands
51. Are you to make exchange with pharmacist?	52	EOT		Ordering Med. Mod.
52. Make necessary exchange to obtain correct medication.			9	
53. Is topical medication an ointment?	54	41		Forms of Med. Mod.
54. Go to area where supplies are stored and obtain sterile tongue blade(s) and any supplies necessary for a dressing(if needed) and place on medicine tray with disposal bag or paper			55	Med. tray Dsg. suppl. Tongue blade

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
55. Take medication tray to patient's unit and prepare patient for application following steps #13-24.			56	
56. Open a sterile tongue blade correctly-making certain not to touch one end.			57	Hdlg. Str. Equip. Mod.
57. Squeeze or scoop ointment onto the sterile end of the tongue blade-using amount needed.			58	Step
58. Apply the ointment to the designated area with gentle, firm strokes (work in a pattern - circular, horizontal or vertical) forming a thin layer over affected area.			59	Step
59. Continue to apply ointment until entire area is covered - if more ointment is needed - squeeze from container onto tube without touching - if jar - obtain new blade for each amount of ointment.			60	Step
60. When finished with tongue blade - break and discard in appropriate bag or paper.			61	Step
61. Apply sterile dressing as indicated and secure with appropriate tape.			36	Dsg. Chg. Mod.
62. Is patient else at hand or able to be taken to own unit?	63	64		Assessment
63. Return or have patient returned to own unit.			15	Transp. Mod.
64. Should patient have medication wherever he/she is?	65	EOT		Assessment
65. Are you to go to area, or take medication and supplies to area, where patient is and apply medication?	66	EOT		Assessment
66. Go to area where patient is with necessary medication and supplies - If a lotion or liniment apply according to steps #13-35; if ointment apply according to steps #55-61.			36	Step
67. Are you qualified to perform isolation technique?	68	45		Assessment
68. Proceed with task employing isolation technique.			15	Isol. Tech. Mod.
69. Is there anyone else present that can communicate with the patient?	70	71		Commun. Mod.
70. Explain what you are going to do to the other person who can communicate with the patient and have that person explain to the patient.			18	Observation

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TASK ELEMENTS	Decisions Yes	Decisions No	Go to Step	Tools, References, Work Aids
71. Proceed with task very carefully - if difficulties arise see superior at once.			18	Observation
72. Are you able to convince patient to let you proceed with task?	72a	73		Resis. Pt. Mod.
72a. Convince patient to let you proceed with task.			19	
73. Inform superior of situation.			74	Ch.-of-comm.
74. Are you to attempt task?	71	EOT		
75. Are you qualified to care for prior needs?	76	45		Prior. Mod.
76. Care for prior need(s).			20	
77. Are you able to position patient as needed?	78	45		Assessment
78. Position patient properly to apply med.			21	Post. Mod.
79. Position bed for utilization of proper body mechanics.			22	Safety Module
80. Inform superior immediately of ill affects.			81	Ch.-of-comm.
81. Are you qualified to follow instructions	82	45		
82. Follow instructions as given by superior in regard to ill effects from medication.			33	
83. Re-position drape and continue steps necessary to complete task.			35	

INSTRUCTIONAL (TERMINAL) OBJECTIVE

1. Task Statement:

   "Apply A Topical Medication For A Patient"

2. Desired Outcomes:

   a. Recognizes limitations in regard to application of topical medication

   b. Incorporates the overall principles of medication administration in task

      1. proper storage
      2. medical asepsis
      3. verification of order
      4. five (5) rights of medication administration

   c. Utilizes the principles of topical medication during the task

      1. correct form of topical medication
      2. proper equipment needed
      3. purpose of medication being applied
      4. general effects and side-effects of medication

   d. Sequences steps of task correctly for proper application and needs of patient

   e. Applies medication correctly

      1. position of patient
      2. correct method for type of medication
      3. safety of patient

   f. Records and/or reports accurately

      1. medication application
      2. observations made before, during and after application

3. Performance Standards:

   a. Maintains 100% accuracy in following principles of topical application:

      1. medical asepsis
      2. verification of order

INSTRUCTIONAL(TERMINAL)OBJECTIVE
Continued

3. five (5) rights of medication administration
4. application of medication
5. needs of patient
6. safety of patient
7. limitations of student
8. recording and/or reporting

b. Maintains 75% accuracy on all other points of performance

c. Performs a routine application of topical medication (assembly through recording) in not more than 15 minutes.

d. Performs the application of a topical medication in 1 of 4 possible situations, that are not routine, within a time span determined appropriate by the instructor.

4. Givens:

School laboratory, completely equipped standard patient's unit, student partner, medication storage area, storage area keys, simulated medication, medication tray, gloves, tongue blades, 4 x 4's, tape, Kurlex (stretch gauze), cotton balls, Kardex, medication cards, 4 patient's charts, ID band, check list for "Application of a Topical Medication"

5. Instructional (Terminal) Objective:

Your objective for this task consists of two (2) parts as follows:

a. Given a topical medication to apply, the proper supplies and equipment, a student partner and a checklist for "Application of a Topical Medication", you will:

    1. Assembly the appropriate supplies and/or equipment
    2. apply the topical medication
    3. record and/or report the application with observations
    4. perform the application within 15 minutes
    5. maintain 100% accuracy in all points with * on check list
    6. maintain at least 75% accuracy in remaining points on check list

b. Given 1 of 4 possible situations (not routine) in which you are to apply a topical medication, the proper supplies and equipment, a student partner and checklist for "Application of a Topical Medication", you will:

INSTRUCTIONAL (TERMINAL) OBJECTIVE
Continued

5. Continued

   b. Continued

      1. Assemble appropriate supplies and/or equipment
      2. alter the steps of the application to meet the situation
      3. apply the topical medication
      4. record and/or report the topical application with observations
      5. perform the application in a reasonable period of time (teacher's discretion)
      6. maintain 100% accuracy in all points with * on check list
      7. maintain at least 75% accuracy in remaining points on checklist

CHECK LIST
FOR
TOPICAL APPLICATION OF MEDICATION

MASTER TEST			
U	S		
______	______	1.	Verifies order with doctor's order on Kardex and/or patient's chart*
______	______	2.	Obtains keys for medication area and unlocks
______	______	3.	Washes hands before proceeding*
______	______	4.	Verifies label of medication with medication card or Kardex*
______	______	5.	Assembles appropriate supplies and/or equipment for topical application
______	______	6.	Identifies patient in correct manner*
______	______	7.	Explains task to patient
______	______	8.	Verifies medication at bedside*
______	______	9.	Prepares patient as needed for topical application
______	______	10.	Adjusts task to needs of patient*
______	______	11.	Maintains medical asepsis throughout topical application*
______	______	12.	Observes patient before, during and after topical application
______	______	13.	Applies topical medication correctly*
______	______	14.	Maintains safety factors for patient during task*
______	______	15.	Makes patient comfortable after application
______	______	16.	Cleans up patient area after application
______	______	17.	Records and/or reports application accurately with observations*
______	______	18.	Recognizes limitations in regard to application of topical medication*
______	______	19.	Completes application within proper time span*

* - must maintain 100% accuracy on these points

SCORE__________

Health Occupations Program Educators, Winter 1976-77, P. Bilger, R.N.

TASK ANALYSIS GUIDE

I. Task Statement:

Instill Eye Medication For A Patient

II. Task Performance Cues:

Physician's Order - Standing, Routine or Stat
Best Method of Administration

III. Task Performance Procedures:

A. When a decision must be made, indicate alternatives as "yes-no" answers to questions.

B. List performance steps by most frequently occurring sequence.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
1. Check the patient's chart for doctor's order sheet for verification of the medication dosage, mode of administration, time of administration and area of instillation.			2	Pt's. chart Dr. Order Mod.
2. Is there any part of the medication order you do not understand?	38	3		Assessment
3. Is the medication to be instilled into the eye?	4	40		Mode of Admin.
4. At the appropriate time proceeed to instill eye medication according to following method.			5	Med. Time Mod.
5. Are there other procedures to be done for the patient in connection with the instillation of the eye medication?	43	6		Assessment
6. Is the medication being kept in the medication room or cabinet?	7	45		Observation
7. Go to medication area and unlock.			8	Med. Storage
Wash hands in adjacent facilities.			9	Hand Wash. Mod.
9. Obtain eye medication and verify with doctor's orders.			10	Prep. Med. Mod.

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	TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
		Yes	No		
10.	Is it the correct medication?	11a	49		Observation
11a.	Is medication to be instilled a liquid medication?	11b	52		Kardex
11b.	Is there an eye dropper with the medication bottle?	11c	54		Observation
11c.	Place eye medication on medicine tray and secure medication area.			11d	Medication Tray Step
11d.	Obtain clean cotton balls or tissues and place on medication tray.			12	Step
12.	Take medication tray with eye medication to patient's assigned unit.			13	Kardex
13.	Is patient in assigned unit?	14	55		Observation
14.	Is patient in isolation?	60	15		Observation
15.	Establish patient's identity (by name band or given method of agency).			16	Adm. Oral Med.
16.	Are you able to communicate with patient verbally or non-verbally?	17	62		Comm. Mod.
17.	Explain to patient the task you are going to perform.			18	Comm. Mod.
18.	Is patient resistive to the task?	65	19		Observation
19.	Does patient have any prior need(s) that should be taken care of before medication is instilled?	69	20		Observation
20.	Is patient in proper position for instillation for eye medication?	21	71		Observation
21.	Is patient's bed or chair in proper position for you to maintain proper body mechanics while instilling medication?	22	72		Observation
22.	Verify medication, dosage, time, method and mode of administration.			23	Dr's. Order Mod.
23.	Is medication to be instilled a liquid medication?	24	73		Dr's. Order Mod.
24.	Is eye dropper in the medication bottle?	25	78		Observation
25.	Draw up medication into eye dropper.			26	Eye Dropper
26.	Is patient in bed?	27	79		Observation

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
27. Ask patient to look upward.			28	Step
28. Pull down lower lid of eye in which medication is to be instilled, with hand not holding eye dropper.			29	Step
29. Pressing on rubber bulb of medicine dropper, introduce the designated dosage of medicine onto the center of the lower extended eyelid without touching the eye dropper on surface of the eye.			30	Step
30. Return the eye dropper to the medication bottle.			31	Step
31. Did you accidently touch the eye dropper while returning it?	81	32		Assessment
32. Ask the patient to close eye gently (or close for patient).			33	Step
33. Is medication of a poisonous nature?	84	34		Types Med. Mod.
34. Gently remove any excess medication from eye with cotton ball or tissue and discard same.			35	Step
Make patient comfortable and safe.			36	Comfort Meas.
36. Return med. tray with medication to proper place, clean and store.			37	Adm. Med. Mod.
37. Record and/or report instillation of eye medication and any observations made before, during or after task.			EOT	Charting Mod.
38. Check with your superior for clarification.			39	Ch.-of-comm.
39. Are you to proceed with instillation of eye medication.	4	EOT		
40. Are you qualified to administer the medication as ordered?	41	42		Assessment
41. Proceed with medication administration according to proper methods required.			EOT	
42. Inform superior of inability to perform task.			EOT	
43. Are you qualified to perform other procedures to be done in connection with eye instillation?	44	42		Assessment
4. Perform other procedures as indicated, according to proper method(s).			6	Kardex

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TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
45. Is medication being kept in the patient's room?	46	38		Observation
46. Proceed to patient's room and verify that you have the medication and supplies needed for the instillation.			47	Step
47. Do you have everything you need for the instillation?	13	48		Assessment
48. Procure necessary items for the instillation.			13	Step
49. Inform superior of incorrect medication.			50	Ch.-of-comm.
50. Are you to make exchange with the pharmacist?	51	EOT		Assessment
51. Make necessary exchange to obtain correct medication.			11a	Step
52. Is medication to be instilled an ointment?	53	38		Dr's. Order
53. Check container to make certain ointment is an Opthalmic ointment.			11d	Step
54. Procure a sterile medicine dropper and place on med. tray.			11d	Stor. Supply
55. Is patient close at hand or able to be taken to assigned unit?	56	57		Observation
56. Return patient or have returned to assigned unit.			14	Transp. Mod.
57. Should patient have medication where he/she is at present?	58	EOT		Assessment
58. Are you to go to area or take medication to area where patient is and instill medication?	59	EOT		Assessment
59. Go to area where patient is with necessary medication and supplies and follow steps #15-37.			15	Steps
60. Are you qualified to perform isolation technique?	61	42		Assessment
61. Proceed with task employing proper isolation technique.			15	Isol. Tech. Mod.
62. Is there anyone else present that can communicate with the patient?	63	64		Assessment
63. Explain what you are going to do to the other person who can communicate with the patient and have that person explain the task to the patient.			18	Comm. Mod.

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TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
64. Proceed with task very carefully - if difficulties arise - contact superior immediately.			18	Observation
65. Are you able to convince patient to let you proceed with task?	66	67		Assessment
66. Convince patient to let you proceed with task.			19	Comm. Mod.
67. Inform superior of situation.			68	Chain Comm.
68. Are you to attempt task?	68a	EOT		
68a. Proceed carefully - if difficulties arise - stop task.			EOT	Assessment
69. Are you qualified to care for prior need(s)?	70	42		Priority of Needs
70. Care for prior need(s).			20	
71. Place patient in dorsal recumbent position in bed or sitting position in chair according to desires and/or capabilities.			21	Position Mod.
72. Adjust bed to accomodate your height or position patient's chair so you will not have a strain on your back.			22	Body Mech. Mod.
7 Is medication an ointment?	74	38		
74. Remove cap from tube, invert upward and lay on table.			75	Oral Med. Adm.
75. Assuming same position as for eye drops (steps 27 & 28) instill a thin rubbon of ointment along the entire length of the extended lower lid - from inner cannula to outside edge.			76	Step
76. When finished, twist tube with a lateral movement of the wrist to stop flow of ointment.			77	Step
77. Recap the tube of ointment and lay tube down.			32	Step
78. Procure a sterile medicine dropper.			25	Stor. Suppl.
79. Is patient sitting in chair?	80	38		Observation
80. Position yourself behind the patient's chair and support head with your body.			27	Step
81. Did you place eye dropper into medication bottle?	82	83		Assessment
8 Discard medication and order a fresh supply for the patient when task completed.			32	Step

TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
	Yes	No	Step	
83. Discard eye dropper and replace with sterile one when task completed.			32	Step
84. Place thumb over the inner cannula (canthus) of the eye and hold there for approximately a minute to prevent medication from getting into the tear duct.			34	Step

INSTRUCTIONAL(TERMINAL)OBJECTIVE

1. Task: Instill Eye Medication For A Patient

2. Desired Outcome:

   a. Recognize limitations in regard to instillation of eye medication

   b. Incorporate the overall principles of medication administration in task

      1. proper storage
      2. medical asepsis
      3. verification of orders
      4. 5 rights of medication administration

   c. Incorporate the principles of eye medication during task

      1. must be opthalmic medication
      2. correct form of eye medication (drops or ointment)
      3. proper equipment needed
      4. purpose of medication being instilled and general effects and side effects

   d. Sequence steps of task correctly for proper instillation and needs of patient

   e. Instill medication correctly

      1. correct position of patient for situation
      2. correct instillation for type of medication i.e. drops or ointment
      3. incorporate safety factors for patient

   f. Record and/or report accurately

      1. medication instillation
      2. observation before, during and after instillation

3. Performance Standards:

   a. Maintain 100% accuracy in following principles when instilling eye medication:

      1. medical asepsis
      2. verification of order
      3. 5 rights of medication administration
      4. instillation of medication

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INSTRUCTIONAL(TERMINAL)OBJECTIVE
Continued

3. Continued

   a. Continued

      5. needs of patient
      6. safety of patient
      7. limitations of student
      8. recording and/or reporting

   b. Maintain 75% accuracy on remaining points of criterion-referenced tests

   c. Perform a routine instillation of an eye medication (assembly through recording) in not more than 15 minutes

   d. Perform the instillation of an eye medication in one of four possible situations that are not routine within a time span determined appropriate by the instructor

4. Givens:

   School laboratory, student patient, standard equipped patient unit, medication cabinet, lock and keys, simulated eye medications, medication tray, Kardex, medication cards, 2 patients' charts, cotton balls, eye dropper, tissues, handwashing facilities, Eye Instillation of Medication check list

5. Instructional Objective:

   Your objective for this task consists of two (2) parts as follows:

   a. Given 1 of 2 routine situations, a student patient or mannequin in a school laboratory, access to the proper equipment, simulated eye medication and a proper check list, you will:

      1. assemble the appropriate supplies and/or equipment
      2. instill the eye medication
      3. record and/or report the eye instillation with observations
      4. perform the instillation within 15 minutes
      5. maintain 100% accuracy in all points marked with an * on the check list
      6. maintain at least 75% accuracy in all other points of the check list

INSTRUCTIONAL(TERMINAL)OBJECTIVE
Continued

5. Continued

b. Given 1 of 2 situations (not routine) in which you are to instill an eye medication, a student patient or mannequin in a school laboratory, access to the proper equipment, simulated eye medication and a proper check list, you will:

1. assembly appropriate supplies and/or equipment
2. alter the steps of the instillation to meet the situation
3. instill the eye medication
4. record and/or report the eye medication with observations
5. perform the instillation in a reasonable period of time (teacher's discretion)
6. maintain 100% accuracy in all points marked with an * on the check list
7. maintain at least 75% accuracy in all other points on the check list

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HOE

CHECK LIST
FOR
INSTILLING EYE MEDICATION

MASTER TEST

U	S	
		1. Verifies order with doctor's order on Kardex and/or patient's chart*
		2. Obtains keys for medication area
		3. Washes hands before proceeding*
		4. Verifies label on medication container with medication card or Kardex*
		5. Assembles any additional appropriate supplies on medication tray
		6. Identifies patient in correct manner*
		7. Explains task to patient
		8. Alters task to needs of patient (if applicable)*
		9. Prepares patient, as needed, for eye instillation
		10. Verifies medication at bedside*
		11. Maintains medical asepsis during the eye instillation*
		12. Observes patient during eye instillation*
		13. Instills eye medication correctly*
		14. Maintains safety factors for patient*
		15. Makes patient comfortable after instillation
		16. Cleans up after eye instillation
		17. Recognizes limitations in regard to instillation or related tasks (if applicable)*
		18. Records and/or reports instillation and observations accurately*
		19. Completes instillation within 15 minutes (if applicable)*

* - must maintain 100% accuracy on these points
must maintain at least 75% accuracy on all other points

SCORE________

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TASK ANALYSIS GUIDE

I. Task Statement:

Instill Ear Medication For A Patient

II. Task Performance Cues:

Physician's Order - Standing, Routine or Stat
Best Methods of Administration

III. Task Performance Procedures:

A. When a decision must be made, indicate alternatives as "yes-no" answers to questions.

B. List performance steps by most frequently occurring sequence.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
1. Check the patient's chart for doctor's order sheet for verification of the medication, dosage, mode of administration, time of administration and area of instillation.			2	Pt's. Chart Dr's. Order Mod.
2. Is there any part of the medication order you do not understand?	45	3		Assessment
3. Is the medication to be instilled into the ear?	4	45		Mod. of Adm.
4. At the appropriate time, proceed to prepare and instill the medication.			5	Med. Time Modul
5. Are there other procedures to be done in connection with the instillation of the ear medication?	48	6		Assessment
6. Is the medication being kept in the medication room or cabinet?	7	50		Observation
7. Go to medication area and unlock.			8	Med. Storage
Wash hands in adjacent facilities.			9	Hand wash Mod.

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TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
9. Obtain ear medication and verify with doctor's orders.			10	Prep. Med. Mo
10. Is it the correct medication?	11	54		Observation
11. Is there an ear dropper with the bottle of medication?	12	57		Observation
12. Place ear medication on medicine tray and secure medication area.			13	Med. Tray Step
13. Obtain clean cotton balls and tissues and place on medication tray.			14	Cotton balls Tissues
14. Take medication tray with ear medication to patient's assigned unit.			15	Kardex info.
15. Is patient in assigned unit?	16	58		Observation
16. Is patient in isolation?	63	17		Observation
17. Establish patient's identity (by name band or given method for agency)			18	Adm. Oral. Med. Module
18. Are you able to communicate with patient verbally or non-verbally?	19	65		Comm. Mod.
19. Explain to patient the task you are going to perform.			20	Comm. Mod.
20. Is patient resistive to the task?	68	21		Observation
21. Does patient have any prior need(s) that should be taken care of before medication is instilled?	73	22		Observation
22. Is patient in proper position for instillation for ear medication?	23	75		Observation
23. Is patient's bed or chair in proper position for you to maintain proper body mechanics while inwtilling medication?	24	83		Observation
24. Verify medication, dosage, time, method and mode of administration.			25	Dr's. Order Mod.
25. Is medicine dropper in the medication bottle?	26	84		Observation Ear dropper
26. Is patient in bed?	27	85		Observation
27. Position patient - sitting upright in chair.			27a	
27a. Adjust the light for ear being medicated (or position patient for adequate window light) so that there is good visualization of ear canal.			28	Step (Adjustec neck light)

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
28. ● Verify medication, dosage, time and mode of administration for third time.			29	Dr's. Order Mod.
29. Pinch rubber bulb of medicine dropper and draw up prescribed amount of medication into ear dropper.			30	Step Ear Dropper
30. Is patient an adult?	31	86		Observation
31. With opposite hand that will be used to instill medication, grasp upper portion of outer ear between index and middle fingers.			32	Step (Partner or simulated model)
32. Straighten the auditory canal by gently pulling outer ear upward and backward - hold in that position.			33	Step
33. With dominant hand, position tip of ear dropper just slightly into the opening tip upward and toward inner ear canal.			34	Step
34. Gently and slowly instill prescribed amount of medication into ear canal by pressing on bulb of ear dropper.			35	Step
35. ● Is more than one dropperful of medication needed?	88	36		Assessment
36. Return the dropper to the medication bottle.			39	Step
37. Did you accidently touch the ear dropper while returning it?	89	38		Assessment
38. Take a cotton ball and gently place in front of opening to ear canal (Use to keep medicine from escaping; DO NOT prevent ears from draining)			39	Cotton ball partner or simulated model. Step
39. Take tissue and wipe any excess medication from surface of outer ear or patient's neck.			40	Step
40. Make patient comfortable and safe.			41	Comfort Measure
41. Clean up patient area.			41a	
41a. Return medication tray with medication to proper place.			42	Adm. Med. Mod.
42. Replace medication, clean and store tray.			42a	
42a. ● Record and/or report instillation of ear medication and any observations made before, during or after instillation			EOT	Charting Mod. Observation Mod.

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TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
	Yes	No	Step	
43. Check with your superior for clarification			44	Ch. of Comm
44. Are you to proceed with instillation of ear medication?	4	EOT		
45. Are you qualified to administer the medication as ordered?	46	47		Assessment
46. Proceed with medication administration according to proper methods required.			EOT	
47. Inform superior of inability to perform task.			EOT	
48. Are you qualified to perform other procedures to be done in connection with ear instillation?	49	47		Assessment
49. Perform other procedures, as indicated, according to proper method(s)			6	Kardex
50. Is medication being kept in the patient's room?	51	43		Observation
51. Proceed to patient's room and verify that you have the medication and supplies needed for the instillation.			52	Step
52. Do you have everything you need for the instillation?	15	53		Assessment
53. Procure necessary items for the instillation.			15	Step
54. Inform superior of incorrect ear medication.			55	Ch. of Comm.
55. Are you to make exchange with the pharmacist?	56	EOT		Assessment Agency Policy
56. Make necessary exchange to obtain correct medication.			11	Step
57. Procure a sterile medicine dropper and place on medication tray.			12	Step
58. Is patient close at hand or able to be taken to assigned unit?	59	60		Observation
59. Return patient or have returned to assigned unit.			16	Trans. Unit
60. Should patient have medication where he/she is at present?	61	EOT		Assessment
61. Are you to go to area or take medication to area where patient is and instill medication?	62	EOT		Assessment

	TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
		Yes	No		
62.	Go to area where patient is, with necessary medication, and supplies, and follow steps #16 - 24.			16	Step
63.	Are you qualified to perform isolation technique?	64	47		Assessment
64.	Proceed with task employing proper isolation technique?			17	Isol. Tech. Mod.
65.	Is there anyone else present that can communicate with the patient?	66	67		Assessment
66.	Explain what you are going to do to the other person who can communicate with the patient and have that person explain the task to the patient			20	Comm. Mod.
67.	Proceed with task very carefully - if difficulties arise - contact superior immediately.			20	Observation
68.	Are you able to convince patient to let you proceed with task?	69	70		Assessment
69.	Convince patient to let you procced with task.			21	Comm. Mod.
70.	Inform superior of situation.			71	Ch. of Comm.
7	Are you to attempt task?	72	EOT		Assessment
72.	Proceed carefully - if difficulties arise - stop task.			22	Assessment
73.	Are you qualified to care for prior need(s)?	74	47		Priority of Needs
74.	Care for prior need(s).			22	
75.	Is patient able to be placed in a chair in a sitting position?	76	77		Assessment Dr's. orders
76.	Place patient in chair in sitting position (restrain if indicated).			23	Transferring Pt. to chair unit
77.	Is patient able to be rolled to a sitting position in bed?	78	79		Dr. Orders Nsg. Assessment
78.	Roll patient up in bed to a sitting position.			23	Positioning Pt. Unit
79.	Is patient able to be turned on opposite from which medication is to be instilled?	80	81		Assessment
	Position patient on opposite side from instillation site.			23	Position Pt. Unit

TASK ELEMENTS	Decisions Yes	Decisions No	Go to Step	Tools, References, Work Aids
81. Clarify instillation with superior.			82	Ch. of Commd.
82. Are you to proceed with instillation?	23	EOT		Assessment
83. Position patient's bed or chair so that you are able to maintain proper body mechanics during task.			24	Body Mech. Unit
84. Procure a sterile medicine dropper.			26	Sterile Suppl. Agency
85. Position according to steps 77-82.			28	Steps
86. With opposite hand that will be used to instill medication, grasp the ear lobe between the thumb and index finger.			87	Step
87. Straighten the auditory canal (of a child) by gently pulling the ear lobe down and backwards.			33	Step
88. Continue to draw up medication and instill until prescribed amount of medication is given.			36	Step
89. Did you place ear dropper into medication bottle.	91	90		Assessment
90. Discard ear dropper and replace with sterile one when task completed.			40	Step
91. Discard medication and order a fresh supply for the patient when task completed.			40	Step.

INSTRUCTIONAL (TERMINAL) OBJECTIVE

1. Task: Instill Ear Medication For A Patient

2. Desired Outcomes:

   a. Recognize limitations in regard to instillation of ear medication

   b. Incorporate the overall principles of medication administration into the task:

      1. proper storage
      2. medical asepsis
      3. verification of order
      4. five (5) rights of medication administration

   c. Employ the principles of ear medication during task

      1. structure of ear
      2. standard form of medication
      3. proper equipment needed for instillation
      4. methods for instilling (adult vs child)
      5. purpose(s) of ear medication
      6. general effects and side-effects of ear medication

   d. Sequence steps of task for proper instillation and needs of patient

   e. Instill ear medication correctly

      1. correct position of patient for situation
      2. adequate lighting for maximum visualization
      3. proper method for straightening ear canal (adult vs child)
      4. safety factors for patient upheld
      5. proper drainage of ear canal established upon completion of instillation

   f. Record and/or report accurately

      1. medication instillation (which can include time and dosage)
      2. other tasks
      3. observations before, during and after instillation

3. Perform Standards:

   a. Maintain 100% accuracy in following principles when

INSTRUCTIONAL (TERMINAL) OBJECTIVE
Continued

3. Continued

a. Continued

instilling ear medication:

1. medical asepsis
2. verification of order
3. five (5) rights of medication administration
4. instillation of medication
5. recording and/or reporting

b. Maintain at least 75% accuracy in all other points of performance

c. Perform a routine instillation of an ear medication for an adult (assembly through recording) in not more than 15 minutes

d. Perform a routine instillation of an ear medication for a child (assemby through recording) in not more than 15 minutes

4. Givens:

School laboratory, student partner or mannequin, standard equipped patient's unit, medication cabinet or storage area, lock and keys for medication storage area, simulated ear medications, medication tray, cotton balls, tissue, medicine dropper, hand washing facilities, Kardex, medication cards, 4 patient's charts, check list for Instilling Ear Medication, identification band.

5. Instructional Objective:

Your objective for this task consists of two (2) parts as follows:

A. Given 1 of 2 routine situations, a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated ear medication and a proper check list you will:

1. assemble the appropriate supplies and/or equipment
2. instill the ear medication as if for an adult

INSTRUCTIONAL (TERMINAL) OBJECTIVE
Continued

5. Continued

A. Continued

3. record and/or report the ear instillation with observations
4. perform the instillation within 20 minutes
5. maintain 100% accuracy on all factors marked with an * on the check list
6. maintain at least 75% accuracy in all other points on the check list

B. Given 1 of 2 routine situations, a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated ear medication and a proper check list you will:

1. assemble the appropriate supplies and/or equipment
2. instill the ear medication as if for a child
3. record and/or report the ear instillation with observations
4. perform the instillation within 20 minutes
5. maintain 100% accuracy on all factors marked with an * on check list
6. maintain at least 75% accuracy in all other points on the check list

HOE

CHECK LIST
FOR
INSTILLING EAR MEDICATION

MASTER TEST

U	S		
______	______	1.	Verifies order with doctor's order on Kardex and/or patient's chart*
______	______	2.	Obtains keys for medication area
______	______	3.	Washes hands before proceeding*
______	______	4.	Verifies label on medication (or container) with medication card or Kardex - Places medication on medication tray*
______	______	5.	Assembles any additional appropriate supplies on medication tray
______	______	6.	Identifies patient in correct manner*
______	______	7.	Explains task to patient
______	______	8.	Prepares patient, as needed, for ear instillation
______	______	9.	Positions patient correctly for instillation*
______	______	10.	Provides adequate lighting for ear instillation*
______	______	11.	Verifies medication at bedside*
______	______	12.	Maintains medical asepsis during ear instillation*
______	______	13.	Straightens ear canal correctly for age level of patient*
______	______	14.	Instills ear medication correctly*
______	______	15.	Provides for proper drainage of ear canal following instillation*
______	______	16.	Observes patient throughout ear instillation*
______	______	17.	Maintains safety factors for patient*
______	______	18.	Makes patient comfortable after instillation
______	______	19.	Cleans up after ear instillation
______	______	20.	Sequences steps of task correctly
______	______	21.	Recognizes limitations in regard to instillation*

HOE

CHECK LIST
FOR
INSTILLING EAR MEDICATION
Continued

MASTER TEST

U S

______ ______ 22. Records and/or reports instillation and observation(s) accurately*

______ ______ 23. Completes instillation within 20 minutes*

* - Must maintain 100% accuracy on these points

Must maintain at least 75% accuracy on all other points

* SCORE______
OTHER SCORE______
FINAL SCORE______

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TASK ANALYSIS GUIDE

I. Task Statement:

Instill Nasal Medication For A Patient

II. Task Performance Cues:

Physician's Order - Standing, Routine or Stat
Best Method of Administration

III. Task Performance Procedures:

A. When a decision must be made, indicate alternatives as "yes-no" answers to questions.

B. List performance steps by most frequently occurring sequence.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
1. Check the patient's chart for doctor's order sheet for verification of the medication, dosage, mode of administration, time of administration and area of instillation.			2	Pt's. Chart Dr's. Order Module
2. Is there any part of the medication order you do not understand?	46	3		Assessment
3. Is the medication to be instilled into the nose?	4	48		[illegible]d. of [illegible]ministration
4. At the appropriate time proceed to prepare and instill the medication.			5	Med. Time Module
5. Are there other procedures to be done for the patient in connection with the instillation of the nose medication?	51	6		Kardex and Assessment
6. Is the medication being kept in the medication storage area?	7	53		Observation
7. Obtain keys, go to medication storage area and unlock.			8	Keep Locked Storage Fac.

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	TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
		Yes	No	Step	
8.	Wash hands in adjacent facilities.			9	Hand Washing Mod.
9.	Obtain nasal medication from storage area and verify label with doctor's orders.			10	Prepare Oral Med. Module
10.	Is it the correct medication?	11	57		Observation
11.	Is medication to be instilled by medicine dropper?	12	60		Dr's. Orders
12.	Is there a medicine dropper with the container of medication?	13	61		Observation
13.	Place nasal medication on medicine tray and secure medication storage area.			14	Med. Tray Step
14.	Obtain tissues or hand towel and place on medicine tray.			15	Tissues Hand Towel
15.	Take medication tray with nasal medication and supplies to patient's assigned unit.			16	Kardex Info.
16.	Is patient in assigned unit?	17	62		Observation
17.	Is patient in isolation?	63	18		Observation
18.	Establish patient's identity (by name band or given method for agency).			19	I.D. Band, Ad[illegible] Oral Med. Module
19.	Are you able to communicate with patient verbally or non-verbally?	20	69		Comm. Module
20.	Explain to patient the task you are going to perform.			21	Comm. Module
21.	Is patient resistive to the task?	72	22		Observation
22.	Does patient have any prior need(s) that should be taken care of before medication is instilled?	77	23		Observation
23.	Is patient in bed?	24	79		Observation
24.	Place patient in dorsal recumbent position.			25	Pt. Positioning Module
25.	Place pillow under shoulder so that patient's head drops backward or have patient move to edge of bed so that head drops backward.			26	pillow
26.	Verify medication, dosage, time, method and mode of administration.			27	Dr's. Ord. Mod.
27.	Is medication to be instilled by medicine dropper?	28	80		Dr's. Orders

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
28. Is medicine dropper in bottle?	29	85		Observation
Is medication being instilled for treatment of the nasal passageway or front sinuses?	30	86		Dr's. Orders
30. Place or have patient turn head sideways so that nostril to be instilled will be facing that direction (i.e. left nostril being medicated - head should be turned to left).			31	Step
31. Pinch the rubber bulb of the medicine dropper and draw up the prescribed amount of medication into nose dropper.			32	Medication Medicine dropper (step)
32. Steady or support the patient's head, if necessary, with opposite hand that will be used to instill medication.			33	Step
33. With dominant hand, hold medicine dropper slightly above indicated nostril at approximately a 75° angle, making certain that the tip of the dropper is directed toward the middle portion of the upper nose. DO NOT touch the nasal surface with the dropper.			34	Step Observation
34. Gently and slowly instill prescribed amount of medication into nostril by pressing on bulb of nasal dropper.			34a	Step
34a. Withdraw the medicine dropper.			35	
35. Is more than one dropperful of medication needed?	87	35a		Assessment
35a. Is the other nostril to be medicated?	88	36		Dr's. Orders
36. Is there excess medication in the medicine dropper?	89	37		Observation
37. Return the dropper to the medication bottle and secure it.			38	Step
38. Did you accidently touch the dropper while returning it?	90	39		Observation
39. Take a tissue or hand towel and dry the patient's nose.			40	Step
40. Reposition the patient to make comfortable and safe, but leave flat 5 - 10 minutes.			41	Step
41. Clean up patient area.			42	Step
42. Return medication tray with medication to proper place.			43	Step

TASK ELEMENTS	Decisions		Go to	Tools, References, Work Aids
	Yes	No	Step	
43. Replace medication, clean and store tray.			44	Step
44. Record and/or report instillation of nasal medication and any observations made before, during, or after instillation.			45	Step
45. Return to patient's unit and assist or place patient in desired or required position.			EOT	
46. Check with your superior for clarification.			47	Ch. of Comm.
47. Are you to proceed with instillation of nasal medication?	4	EOT		
48. Are you qualified to administer the medication as ordered?	49	50		Assessment
49. Proceed with medication administration according to proper methods required.			EOT	
50. Inform superior of inability to perform task.			EOT	
51. Are you qualified to perform other procedures to be done in connection with nasal instillation?	52	50		Assessment
52. Perform other procedures, as indicated, according to proper method(s).			6	Kardex
53. Is medication being kept in the patient's room?	54	46		Observation
54. Proceed to patient's room and verify that you have the medication and supplies needed for the instillation.			55	Step
55. Do you have everything you need for the instillation?	16	56		Assessment
56. Procure necessary items for the instillation.			16	Step
57. Inform superior of incorrect nasal medication.			58	Ch. of Comm.
58. Are you to make exchange with the pharmacist?	59	EOT		Assessment
59. Make necessary exchange to obtain correct medication.			11	Step
60. Is medication to be instilled by inhaler or atomizer?	13	46		Observation Dr's. Orders
61. Procure a sterile medicine dropper and place on medication tray.			13	Step

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
62. Is patient close at hand or able to be taken to assigned unit?	63	64		Observation
63. Return patient or have returned to assigned unit.			17	Transp. Unit
64. Should patient have medication where he/she is at present?	65	EOT		Assessment
65. Are you to go to area or take medication to area where patient is and instill medication?	66	EOT		Assessment
66. Go to area where patient is, with necessary medication and supplies, and follow steps #17 - 45.			17	
67. Are you qualified to perform isolation technique?	68	18		Assessment
68. Proceed with task imploying proper isolation technique.			18	Isol. Tech. Mod.
69. Is there anyone else present that can communicate with the patient?	70	71		Observation
70. Explain what you are going to do to the other person who can communicate with the patient and have that person explain the task to the patient.			21	Comm. Module
71. Proceed with task very carefully. If difficulties arise - contact superior immediately.			21	Observation
72. Are you able to convince patient to let you proceed with task?	73	74		Assessment
73. Convince patient to let you proceed with task.			22	Comm. Mod.
74. Inform superior of situation.			75	Ch. of Comm.
75. Are you to attempt task?	76	EOT		Assessment
76. Proceed carefully - if difficulties arise - stop task.			22	Assessment
77. Are you qualified to care for prior need(s)?	78	50		Assessment
78. Care for prior need(s).			23	Priority Module
79. Ask patient to get into bed or assist patient to bed.			24	Assist patient to Bed Module
Is medication to be instilled by inhaler or atomizer?	81	46		Mode of Adm.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
81. Position patient's head according to #29-30.			82	Steps
82. Insert the inhaler or atomizer into designated nostril and gently close the other nostril by pressing it toward the center bone.			82a	Inhaler Atomizer Step
82a. For inhaler, just hold in position. For atomizer, hold in position and compress it at least twice (unless otherwise ordered).			83	
83. Ask the patient to take several deep breaths through the open nostril with mouth open.			84	Step
84. Medicate opposite nostril, if indicated, and replace cap.			39	Step
85. Procure a sterile medicine dropper.			29	Step Medicine dropper
86. Place or have patient place head in upward position, so that the patient is looking at the ceiling.			31	Step
87. Continue to draw up medication and instill until prescribed amount of medication is given.			35a	Step
88. Position head so that opposite nostril is toward that shoulder.			34	Step
89. Squeeze out any unused medication left in the dropper into a designated container or tissue.			37	Step
90. Did you place nose dropper into medication bottle?	92	91		Assessment
91. Discard nose dropper and replace with sterile one when task completed.			39	Step
92. Discard medication and order a fresh supply for the patient when task completed.			39a	Step

HOE

INSTRUCTIONAL(TERMINAL)OBJECTIVE

GENERATION

1. Task: Instill Nasal Medication For A Patient

2. Desired Outcomes:

   a. Recognize limitations in regard to instillation of nasal medications.

   b. Incorporate the overall principles of medication administration into the task:

      1. proper storage
      2. medical asepsis
      3. verification of order
      4. five (5) rights of medication administration

   c. Utilize the principles of nasal medications during task

      1. structure of nose
      2. standard forms of medication
         a. drops
         b. inhaler
         c. atomizer
      3. proper equipment and/or supplies for instillation
      4. methods for instilling
         a. for nasal passageway and front sinuses
         b. for back sinuses
      5. purposes of nasal medication
      6. general effects and side-effects of nasal medication

   d. Sequences steps of task for proper instillation and needs of patient

   e. Instill nasal medication correctly

      1. correct position of patient for task (dorsal recumbent)
      2. correct position of patient's head for area to be medicated
      3. correct form of medication for method ordered (drops, inhaler, or atomizer)
      4. safety factors for patient upheld
      5. maintenance of position for proper time to insure penetration of medication

   f. Record and/or report accurately

INSTRUCTIONAL (TERMINAL) OBJECTIVE
Continued

GENERATION

2. Continued

   f. Continued

      1. medication instillation (which nostril, time, dosage, etc.)
      2. other tasks
      3. observations before, during and after instillation

3. Performance Standards:

   a. Maintain 100% accuracy in following principles when instilling nasal medication:

      1. medical asepsis
      2. verification of order
      3. five (5) rights of medication administration
      4. instillation of medication
      5. recording and/or reporting

   b. Maintain at least 75% accuracy in all other points of performance

   c. Perform a routine instillation of nasal medication, with drops, in not more than 15 minutes

   d. Perform a routine instillation of nasal medication, with inhaler or atomizer, in not more than 15 minutes

4. Givens:

   School laboratory or practice area, student partner or mannequin, standard equipped patient's unit, medication cabinet or storage area with locked facilities, keys for medication area, hand washing facilities, medication tray, simulated nasal medication (drops, inhaler and atomizer), tissues, hand-towel, Kardex, medication cards, 4 patient's charts, identification band, check list for Instilling Nasal Medication

5. Instructional Objective:

   Your objective for this task consists of two (2) parts as follows:

INSTRUCTIONAL(TERMINAL)OBJECTIVE
Continued

GENERATION

5. Continued

a. Given 1 of 2 routine situations a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated nasal medication and a proper check list, you will:

1. assemble the appropriate supplies and/or equipment
2. instill the nasal medication by medicine dropper
3. record and/or report the nasal instillation with observations
4. perform the instillation within 20 minutes
5. maintain 100% accuracy on all factors marked with an * on the check list
6. maintain at least 75% accuracy in all other points on the check list

b. Given 1 of 2 routine situations, a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated nasal medication and a proper check list, you will:

1. assemble the appropriate supplies and/or equipment
2. instill the nasal medication by inhaler or atomizer
3. record and/or report the nasal instillation with observations
4. perform the instillation with 20 minutes
5. maintain 100% accuracy on all factors marked with an * on the check list
6. maintain at least 75% accuracy in all other points on the check list

CHECK LIST
FOR
INSTILLING NASAL MEDICATION

MASTER TEST

U	S		
____	____	1.	Verifies order with doctor's order on Kardex and/or patient's chart*
____	____	2.	Obtains keys for medication area
____	____	3.	Washes hands before proceeding*
____	____	4.	Verifies label on medication (or container) with medication card or Kardex - places medication on medicine tray*
____	____	5.	Assembles any additional appropriate supplies on medication tray
____	____	6.	Identifies patient in correct manner*
____	____	7.	Explains task to patient
____	____	8.	Prepares patient, as needed, for nasal instillation
____	____	9.	Positions patient correctly for instillation*
____	____	10.	Position's patient's head properly for instillation*
____	____	11.	Verifies medication at bedside*
____	____	12.	Maintains medical asepsis during nasal instillation*
____	____	13.	Uses proper equipment for nasal medication ordered*
____	____	14.	Instills nasal medication correctly*
____	____	15.	Provides for proper penetration of nasal medication following instillation*
____	____	16.	Observes patient throughout nasal instillation*
____	____	17.	Maintains safety factors for patient*
____	____	18.	Makes patient comfortable after instillation
____	____	19.	Cleans up after nasal instillation
____	____	20.	Sequences steps of task correctly
____	____	21.	Recognizes limitations in regard to instillation*
____	____	22.	Records and/or reports instillation and observations accurately

CHECK LIST
FOR
INSTILLING NASAL MEDICATON
Continued

MASTER TEST

U	S	
______	______	23. Completes instillation within 20 minutes*

* - Must maintain 100% accuracy on these points

Must maintain at leat 75% accuracy on all other points

TASK ANALYSIS GUIDE

I. **Task Statement:**

Insert A Rectal or Vaginal Suppository For A Patient

II. **Task Performance Cues:**

Physician's Order - Standing, Routine or Stat
Best Method of Administration

III. **Task Performance Procedures:**

A. When a decision must be made, indicate alternatives as "yes-no" answers to questions.

B. List performance steps by most frequently occurring sequence.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
1. Check the patient's chart for doctor's order sheet for verification of the medication dosage, mode of administration, time of administration and area of administration.			2	Pt's. Chart Dr's. Order Module
2. Is there any part of the medication order you do not understand?	45	3		Assessment
3. Is the medication a suppository to be inserted rectally or vaginally?	4	47		Mode of Adm.
4. At the appropriate time proceed to prepare and insert medication.			5	Med. Time Module
5. Are medication and supplies being kept in medication storage area?	6	50		Med. Storage Module
6. Obtain keys and go to medication area and unlock.			7	Med. Area Keys
7. Wash hands in adjacent facilities.			7a	Hand Washing Module
7[illegible] Is suppository under refrigeration?	52	7b		Drug Store Mod.

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TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
7b. Is Suppository unit - dose?	8	53		Observation
8. Obtain suppository container and verify it with doctor's orders.			9	Prepare Med. Mod. Simulated Suppository
9. Is it the correct medication.	10	60		Observation
10. Place suppository on medicine tray and secure medication area.			11	Med. tray and keys
11. Go to the area where supplies are stored and obtain an examination glove, appropriate lubricant, a Chux or bed protector and paper towel and place all items on medication tray.			12	Bed protector Paper towel
12. Take medication tray with supplies and medication to patient's assigned unit.			13	Equipped patient's unit
13. Is patient in assigned unit?	14	65		Observation
14. Is patient in isolation?	70	15		Observation and Kardex
15. Establish patient's identity (by name band or given method for agency).			16	Name band and patient or mannequin. [illegible]l Med. Module
16. Are you able to communicate with patient verbally or non-verbally.	17	72		Comm. Module
17. Explain to patient the task you are going to perform.			18	Comm. Module Steps of task
18. Is patient resistive to task?	75	19		Observation
19. Does patient have any prior needs that should be taken care of before medication is inserted?	80	20		Observation
20. Obtain bath blanket for drape and toliet tissue screen patient and adjust bed for your height.			20a	Toliet tissue Blanket, Screen Adjustable bed
20a. Make verification of medication, dosage, time, method of administration and area of insertion.			21	
21. Is suppository to be inserted a rectal suppository?	22	82		Dr's. Orders
22. Cover patient with bath blanket and fan fold top covers to bottom of bed.			24	Draping Mod.

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
23. Lower bed rail and place postion in Sim's position.			23	Positioning Module
24. Drape bath blanket loosely over hip area to allow for space when inserting suppository.			24a	
24a. Place chux or bed protector under patient's buttock.			25	Step
25. Is suppository individually wrapped?	26	89		Observation
26. Tear off perforated end of wrapper and return suppository to medicine tray.			27	Step
27. Remove cap from lubricant, invert cap and place upside down on medicine tray.			28	Step
28. Place lubricant container on medicine tray.			29	Step
29. Take examination glove from wrapper and put on hand used to insert the suppository.			30	Step
30. Squeeze closed end of wrapper, forcing suppository into gloved hand.			31	Step
31. Hold base of suppository with gloved hand between thumb, index and middle fingers with tip exposed approximately 1/2".			32	Step
32. Take lubricant container in ungloved hand and gently squeeze base lubricating exposed tip of suppository* (continue to hold suppository by base with gloved hand)(If suppository is small, lubricant could be put on paper towel and suppository drawn across lubricant)			33	Step
33. With ungloved hand lift drape over buttocks, exposing only enough of the patient to visualize the anal region			33a	Step
33a. With ungloved hand raise upper bottock upward and toward the head and hold it there.			34	Step
34. Holding the suppository between thumb, index and middle fingers, carefully insert it into the anal sphincter (ask patient to take deep breath as you insert suppository).			35	Simulate with partner or mannequin Step
35. Using index finger, gently push the suppository upward so that it passes beyond the anal sphincter into the rectum the length of the index finger (2 1/2 - 3") (For a very small person or patient having rectal problems - the little finger should be used).			36	Lower GI Simulation Step

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
36. When certain the suppository is in place, gently withdraw the insertion finger.			37	Step
36a. Hold buttocks together etc. (See Module Pg. 8)				
37. Remove examination glove by taking cuff and turning inside out. Wrap in paper towel.			38	Glove Techniques
38. Was suppository that was inserted given for elimination of the lower colon?	91	39		Dr's. Orders
39. Remove bed protector and return patient to desired or required position.			40	Position Mod. Dr's. Orders Assessment
40. Replace top covers and remove drape.			41	Draping Mod.
41. Make patient comfortable and safe.			42	Pt. Safety Mod.
42. Clean up patient's unit, dispose of waste materials in proper place.			43	Agency Method
43. Return medication tray and lubricant to proper place, clean and store.			44	Med. Store. Mod.
44. Record and/or report insertion of suppository and any pertinent observations made before, during or after insertion.			EOT	
45. Check with your superior for clarification.			46	Ch. of Comm.
46. Are you to proceed with the suppository insertion?	4	EOT		
47. Are you qualified to administer the medication as ordered?	48	49		Assessment
48. Proceed with the medication administration according to proper methods.			EOT	
49. Inform your superior of inability to perform task.			EOT	
50. Is medication in an acessable place?	51	49		
51. Obtain medication and verify.			9	Dr's. Order Mod.
52. Go to refrigerator area and obtain medication (do not allow suppository to become soft).			7b	Refrigerator Simulation
53. Verify the suppository container with the doctor's orders.			54	Prep. Oral Med. Module

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
54. Is it the correct medication?	55	60		Observation
55. Open container in which stored and shake suppository into lid.			56	Prep. Med. Mod.
56. Place suppository in souffle' cup or on paper towel without touching it.			57	Prep. Med. Mod.
57. Verify the label on the container with the doctor's order.			58	Prep. Med. Mod.
58. Secure the lid on the medication container and verify label third time.			59	Prep. Med. Mod.
59. Return the medication container to storage area.			10	Prep. Med. Mod.
60. Inform superior of incorrect medication.			61	Ch. of Comm.
61. Are you to make exchange with the pharmacist?	62	**EOT**		Assessment
62. Make necessary exchange to obtain correct medication.			63	Step
63. For quantity container proceed to #55.			64	Step
For unit dose proceed correctly.			10	Step
65. Is patient close at hand or able to be taken to assigned unit?	66	67		Observation
66. Return patient or have returned to assigned unit.			14	Transp. Patient (wt. chair/cart or whatever)
67. Should patient have medication where he/she is at present?	68	EOT		Assessment
68. Are you to go to area or take medication to area where patient is and insert medication?	69	EOT		Assessment
69. Go to area where patient is with necessary medication and follow steps 15-44.			15	Steps
70. Are you qualified to perform isolation technique?	71	49		Assessment
71. Proceed with task imploying proper isolation technique.			15	Step
72. Is there anyone present that can communicate with the patient?	73	74		Observation

TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
73. Explain what you are going to do to the other person who can communicate with the patient and have that person explain the task to the patient.			18	Comm. Mod.
74. Proceed with task very carefully if difficulties arise - contact superior immediately.			18	Observation
75. Are you able to convince patient to let you proceed with task?	76	77		Assessment
76. Convince patient to let you proceed with task.			19	Comm. Mod.
77. Inform superior of situation.			78	Ch. of Comm.
78. Are you to attempt task?	79	EOT		
79. Proceed carefully - if difficulties arise, stop task.			EOT	Assessment
80. Are you qualified to care for prior need(s)?	81	49		Assessment
81. Care for prior need(s).			20	Prescribed procedure
82. Is suppository to be inserted vaginally?	83	88a		
83. Lower bed rail and place patient in Dorsal Recumbent position.			84	Position Mod.
84. Drape patient as for vaginal examination (diamond pattern).			85	Draping Mod.
85. Proceed with steps 24a - 32.			86	This analysis
86. With ungloved hand lift point of drape between legs, exposing only enough of the patient to visualize the vaginal area.			87	Observation
87. Holding the suppository between the thumb, index and middle fingers, gently insert it into the vaginal opening.			88	Step
88. Using index finger, gently push the suppository upward into the vagina so that the entire suppository is past the vaginal opening (Approx. 1 1/2 - 2"). (Use extreme caution for a very small person or a person who has vaginal swelling).			36	Step
88a. Are you qualified to insert the suppository as it is ordered?	88b	EOT		Assessment
88b. Insert according to prescribed method.			EOT	

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TASK ELEMENTS	Decisions		Go to Step	Tools, References, Work Aids
	Yes	No		
9. Perform steps #27-29.			90	This analysis
90. Pick up suppository from souffle' cup or paper towel with gloved hand.			31	Step
91. Is nature of suppository very rapid?	92	96		Assessment
92. Get out bedpan and position patient on it or assist to bathroom according to orders and/or abilities.			93	Pt. Eliminator Module
93. Instruct patient to try and withold bowel movement for at least 10 minutes.			94	Step
94. Give patient privacy, but stay close at hand.			95	Observation
95. When patient finished with elimination, assist with cleaning as needed according to prescribed elimination procedure.			95a	Pt. Eliminator Module
95a. Perform steps 39-46 as described.			95b	
95b. Be sure to record and/or report, time, amount and characteristics of bowel movement.			EOT	

HOE

INSTRUCTIONAL OBJECTIVE

1. Task Statement: "Insert A Rectal or Vaginal Suppository For A Patient"

2. Desired Outcomes:

   a. Recognizes limitations in regard to insertion of suppositories

   b. Incorporates the overall principles of medication administration while performing task

      1. proper storage
      2. Medical asepsis
      3. verification of order
      4. five (5) rights of medication administration

   c. Utilizes the principles of medication by suppository

      1. standard form of medication
      2. proper equipment needed for insertion
      3. areas for insertion of suppository
      4. purpose(s) of suppository medication
      5. general effects and side-effects of suppository medication

   d. Sequences steps of task for proper insertion and needs of patient

   e. Incorporate major factors of insertion

      1. privacy and safety for the patient
      2. position of patient for situation
      3. draping for situation
      4. steps of insertion for situation

   f. Records and/or reports accurately

      1. medication inserted
      2. time, dosage and area of medication
      3. observations before, during and after insertion

3. Performance Standards:

   a. Maintains 100% accuracy in following principles when inserting suppository medication

      1. verification of order
      2. medical asepsis

INSTRUCTIONAL OBJECTIVE
Continued

3. Continued

   a. Continued

      3. five (5) rights of medication administration
      4. insertion of medication
      5. needs of patient
      6. safety of patient
      7. limitations of student
      8. recording and/or reporting

   b. Maintains 75% accuracy on all other points of performance

   c. Performs a routine insertion of a rectal suppository either unit or multiple done in not more than 20 minutes.

   d. Performs a routine insertion of a vaginal suppository either unit or multiple done in not more than 20 minutes.

4. Givens:

School laboratory, actual or simulated refregerator storage, student partner or mannequin, patient's unit with standard equipment, locked medication facilities, keys for medication facilities, simulated suppository medication (unit dose and quantity container), medication tray, souffle' cups, Kardex, medication cards (or materials for local system), 2 patient's charts, hand-washing facilities, examination gloves, water-soluable lubricant, bed protectors (paper or cloth), paper towels, toliet tissue, bed pan, identification band for patient or mannequin, bath blanket or drape, patient screen, plastic wrap and bag to simulate anal or vaginal openings (if teacher desires)

5. Instructional Objective:

Your objective for this task consists of two (2) parts as follows:

A. Give 1 of 2 relevant situations, a student patient or mannequin in a school laboratory, access to the proper equipment, simulated suppository medication and a check list on inserting suppository medication, you will:

   1. assemble the necessary supplies and/or equipment
   2. insert a rectal suppository
   3. record and/or report the rectal insertion with observations

INSTRUCTIONAL OBJECTIVE
Continued

5. Continued

A. Continued

4. perform the insertion within 20 minutes
5. maintain 100% accuracy in all points of the check list marked with an*
6. maintain at least 75% accuracy in all other points of the check list

B. Given 1 of 2 relevant situations, a student patient or mannequin in a school laboratory, access to the proper equipment, simulated suppository medication and a check list on inserting suppository medication, you will:

1. assemble the necessary supplies and/or equipment
2. insert a vaginal suppository
3. record and/or report the vaginal insertion with observations
4. perform the insertion within 20 minutes
5. maintain 100% accuracy in all points of the check list marked with an *
6. maintain at least 75% accuracy in all other points of the check list

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CHECK LIST

FOR

INSERTING RECTAL OR VAGINAL SUPPOSITORYS

MASTER TEST

U	S	
____	____	1. Verifies order with doctor's order on Kardex and/or patient's chart*
____	____	2. Obtains keys for the medication area
____	____	3. Washes hands before proceeding with medication*
____	____	4. Verifies label on medication wrapper or container with order*
____	____	5. Assembles medication and any appropriate supplies
____	____	6. Identifies patient in correct manner*
____	____	7. Explains task to patient
____	____	8. Assembles appropriate supplies in patient's unit
____	____	9. Provides privacy for patient
____	____	10. Positions patient properly for task performing*
____	____	11. Drapes patient correctly for task
____	____	12. Protects linens during task
____	____	13. Verifies medication with order at the bedside*
____	____	14. Inserts suppository medication correctly for area of insertion*
____	____	15. Maintains medical asepsis during suppository insertion*
____	____	16. Maintains safety factors for patient during task*
____	____	17. Observes patient during suppository insertion*
____	____	18. Makes patient comfortable following insertion
____	____	19. Cleans patient area after insertion
____	____	20. Recognizes limitations in regard to insertion or related tasks (if applicable)*
____	____	21. Alters task to needs of patient (if applicable)*

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HOE

CHECK LIST

FOR

INSERTING RECTAL OR VAGINAL SUPPOSITORYS

MASTER TEST

U	S	
______	______	22. Sequences steps of task for best use of time and materials
______	______	23. Records and/or reports suppository insertion and observations accurately*
______	______	24. Completes insertion of medication within 20 minutes*

* - Must maintain 100% accuracy on all these points

Must maintain at least 75% accuracy on all other points

* SCORE__________
OTHER SCORE__________
FINAL SCORE__________

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APPENDIX B.4

SUMMARY OF LEARNING MODULES

4.1	A-9-23	PREPARE ORAL MEDICATION FOR A PATIENT
4.2	A-9-24	ADMINISTER ORAL MEDICATION TO A PATIENT
4.3	A-9-25	COUNT NARCOTICS OR CONTROLLED DRUGS TO DETERMINE THE ACCURACY OF INVENTORY RECORDS MODULE
4.4	A-9-26	APPLY A TOPICAL MEDICATION FOR A PATIENT
4.5	A-9-27	INSTILL EYE MEDICATION FOR A PATIENT
4.6	A-9-28	INSTILL EAR MEDICATION FOR A PATIENT
4.7	A-9-29	INSTILL NASAL MEDICATION FOR A PATIENT
4.8	A-9-30	INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT
4.9	NURSING TREATMENTS: MEDICINAL TEACHER'S GUIDE & SUPPLEMENT	

PROJECT H.O.P.E.

Performance Based Student Training

Summary of Learning Modules

Once a psycho-motor skill has undergone task analysis, generation of an instructional objective and development of a criterion-referenced test to match the objective, a teacher, versed in the content and meanings of the performance based delivery system tools, can proceed with curriculum development. First a goal or rationale must be established for the psycho-motor skill. Then various resources that will enable a student to reach the objective should be reviewed and a course(s) of action be decided upon. Resources should be selected on the basis of:

1. Availability for incorporation
2. Fulfillment of needs for the objective
3. Fulfillment of needs for the student
4. Fulfillment of needs for the teacher

(In the case of the resources selected for the eight psycho-motor skills for the medication aide training program very few commercial resources were available. Therefore, the development of the learning modules was based upon the more traditional format for psycho-motor skills, that of lecture, demonstration and a laboratory assignment). After all resources have been reviewed and the most appropriate selected, the resources should be sequenced and developed to allow the student the fastest and most readily understood means of satisfactorily completing the criterion-referenced test. The sequence of the eight learning modules for the medication aide training program is:

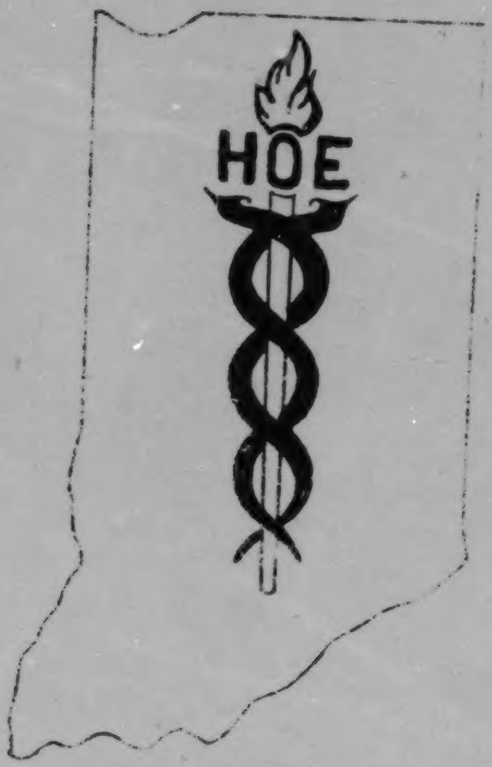
1. Goal (rationale)
2. Specific instructions (as needed)
3. Pre-requisites (necessary for given psycho-motor skill)*
4. Instructional objective (for given skill)
5. Selected resources (for given objective)
6. Specific activities (for given resource)
7. Criterion-referenced test (to match objective)

To assist the classroom teacher in the use of the eight learning modules a Teacher's Guide was developed. The eight learning modules and accompanying Teacher's Guide can be found on the following pages.

(*If there are any pre-requisite skills needed for a given psycho-motor skill, they will be identified in the task analysis.)

HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2



# A - 9 - 23

PREPARE ORAL MEDICATION FOR A PATIENT

MODULE

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HOE

USE OF LEARNING MODULE

INSTRUCTIONS

1. Check the list of pre-requisites for this module on page one (1), to make certain you are ready for this module.

2. Read through the objectives on pages two and three (2 - 3) so that you know what you are expected to do upon completing this module.

3. If you think you are capable of reaching the objectives without going through the module, tell the teacher you wish to take the master test.

4. If you take the master test, instructions will be given to you when you finish as to how to proceed.

5. If you do not wish to take the master test turn to the list of activities on page four (4). Take a few minutes to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

GO ON TO PAGE 1

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PREPARE ORAL MEDICATIONS FOR A PATIENT

GOAL

In today's health care setting, medication by mouth (orally) is one of the major methods of treatment. Each medication is usually prepared and administered, one dose at a time, by a member of the nursing category of health workers. Because of the large variety and vast number of oral medications given and the many different reactions that can occur, it is absolutely necessary that every precaution possible be taken in the preparation of oral medications. This module contains the information needed for specified health workers to:

1. select the proper oral medication
2. handle the medication in the correct manner
3. alter the state of the medication (if indicated)
4. collect the necessary equipment and supplies needed for administration of the medication

TURN TO NEXT PAGE

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PREPARE ORAL MEDICATION FOR A PATIENT

PRE-REQUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study or performance:

1. Principles of Medical Asepsis
2. Hand Washing Technique
3. Legal Responsibilities for the Health Worker
4. Environmental Safety
5. Ethics for the Health Worker
6. Prepare Simple Hot and Cold Foods for the Patient

7-28. Lessons (Modules) #1 - #22 in Unit 9 on Medicinal Nursing Treatments

If you have completed all of these areas of study

GO ON TO PAGE 2

If you have not completed all of these areas of study

SEE YOUR TEACHER

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PREPARE ORAL MEDICATION FOR A PATIENT

Your objective for this task consists of four (4) parts as follows:

OBJECTIVE

1. Given 1 of 4 possible Unit - Dose medications to prepare, the proper equipment and an oral medication check list you will:
    a. verify the medication order
    b. prepare the medication as ordered
    c. perform the task within five (5) minutes
    d. maintain 100% accuracy on the check list

2. Given 1 of 4 possible solid medications (from quantity container) to prepare, the proper equipment, and an oral medication check list, you will:
    a. verify the medication order
    b. prepare the medication as ordered
    c. perform the task within seven (7) minutes
    d. maintain 100% accuracy on the check list

3. Given 1 of 4 possible liquid or powder medications (from quantity container) to prepare, the proper equipment, and an oral medication check list, you will:
    a. verify the medication order
    b. prepare the medication as ordered
    c. perform the task within ten (10) minutes
    d. maintain 100% accuracy on the check list

GO ON TO PAGE 3

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PREPARE ORAL MEDICATION FOR A PATIENT

OBJECTIVE

4. Given 1 of 4 possible liquid or solid controlled drugs or narcotics * to prepare, the proper equipment, and an oral medication check list, you will:

   a. verify the medication order
   b. prepare the medication as ordered
   c. record the medication in the count book correctly
   d. verify the drug count
   e. perform the task within thirteen (13) minutes
   f. maintain 100% accuracy on the check list

* controlled drugs only for the medication aide

GO ON TO PAGE 4

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ACTIVITIES

INSTRUCTIONS

1. TEACHER LECTURE:

"Principles of Oral Medication"

Check the bulletin board for the time(s) of the lecture. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location. You will find a lecture outline on pages six thru eight (6 - 8).

2. PREFERRED TEXT:

Nursing Skills for the Allied Health Services, Vol. 3., pp. 69 - 74

Read before going to the lecture. (If this text is not available, check teacher list for other references).

3. TEACHER DEMONSTRATION:

"How to Prepare Oral Medications for a Patient"

Check the bulletin board for the time(s) of the demonstration. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location. You will find a demonstration outline on page nine thru thirteen 9 - 13).

GO ON TO PAGE 5

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ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT:

"Medication Preparation"

To guide you in your ability to prepare oral medications, you will find a specified assignment on pages fourteen thru twenty (14 - 20). Do this assignment only after you have heard the lecture and seen the demonstration (unless you have your teacher's permission to do so). Check the schedule for your assigned laboratory time and location.

5. STUDENT PARTNER:

It is suggested that you practice in the laboratory with a student partner observing the check list while you practice, then you observe your partner. Working together usually helps both students.

6. MASTER TEST:

All activities should be completed before taking the "master test."

Instructions for it are found on page twenty-one (21).

TEXT ASSIGMENT TO PAGE	4
LECTURE OUTLINE TO PAGE	6
DEMONSTRATION OUTLINE TO PAGE	9
LABORATORY ASSIGNMENT TO PAGE	14

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HOE

LECTURE OUTLINE

ACTIVITIES

As you listen to the lecture be sure to note:

1. Principles of Oral Medications
    a. verification of medication order
    b. standard oral medication forms (review)
    c. standard medication names and dosages (review)
    d. storage and security of medications (review)

2. Supplies Necessary for Preparation of Oral Medications
    a. patient's chart
    b. Kardex
    c. medication cards (if applicable)
    d. medication storage area
    e. medication tray or cart
    f. keys for medication storage area
    g. medication cups - souffle and/or calibrated
    h. appropriate medication
    i. water pitcher and drinking cup
    j. controlled drug and narcotic sign out book (if applicable)
    k. any additional equipment or supplies that may be needed to alter the state of a medication

GO ON TO PAGE 7

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LECTURE OUTLINE

ACTIVITIES

3. Reasons for Altering State of Medication
    a. patient having difficulty swallowing
    b. disguise taste or presence of medication
    c. prevent medication from being harmful to tissue
    d. activate effectiveness of medication

4. Common Methods of Altering State of Medication
    a. crush medication
    b. empty medication from capsule
    c. mix medication with liquids or food substance

5. Helpful Hints and Precautions in Preparing Oral Medications
    a. if you do not understand the medication order, or it is questionable, go to your superior immediately before preparing the medication
    b. make certain you know what to do in the event the medication you are preparing is not in the medication storage area
    c. know how to check for variable trade names of medication
    d. only compute the dosage for a medication if you are qualified to do so - if you compute the dosage - verify it

GO ON TO PAGE 8

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HOE

LECTURE OUTLINE

ACTIVITIES

e. when pouring medication from multiple dose containers, if you pour out more medication than is needed - DO NOT RETURN TO CONTAINER.

Dispose of excess medication by flushing down large holed drain or flush facility.

f. if label is smeared or difficult to read, DO NOT PREPARE medication - contact superior or return to pharmacy depending on agency policy.

g. when preparing controlled drugs or narcotics, if balance sheet and medication count are not the same, obtain assistance and proceed with proper validation method, at once.

h. if you have prepared a medication that the patient cannot swallow, be certain altering its state will not alter effectiveness before diluting, mixing, or crushing it.

i. when mixing medications with liquids or soft foods, if seeing the medication mixed with liquids or food will upset the patient, pre-mix in the medication preparation area.

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

As you observe the demonstration be sure to note the following:

1. Supplies necessary for preparation of oral medication (see lecture outline page 6)

2. Steps In Preparing Oral Unit Dose Medication

   a. verify medication order
   b. proceed to prepare medication at appropriate time
   c. obtain keys for medication storage area
   d. unlock medication area
   e. wash your hands in adjacent facility
   f. obtain medication tray (or cast)
   g. check storage area for specific medication container
   h. select appropriate medication container
   i. read label on container and verify medication with medication order
   j. check for correct dosage of medication order
   k. take unit - dose from container
   l. verify label on unit dose with medication order
   m. place unit dose on tray
   n. close container - verify label third time with medication order

GO ON TO PAGE 10

DEMONSTRATION OUTLINE

ACTIVITIES

o. return container to proper place
p. lock or secure medication storage area
q. clean up preparation area
r. obtain pitcher of water and drinking cup

3. Steps in Preparing Solid Oral Medications from Multiple Dose Container

a - j. same as steps a - j for preparing Unit - Dose
k. obtain paper souffle cup for solid medication
l. open container and place lid surface side down (rim up)
m. pour desired number of tablets, or capsules into lid of container
n. pour tablet(s) or capule(s) from lid into souffle cup - without touching rim of cup
o. verify the poured medication with the medication order
p. place medication cup on tray
q - u. same as steps n - r for preparing Unit - Dose

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

4. Steps In Preparing Liquid or Powder Oral Medication from Multiple Dose Container

a - j. same as steps a - j for preparing Unit Dose
k. obtain calibrated medicine cup
l. hold calibrated medicine cup to eye level, place thumb nail at desired amount and pour medication (label up) to lowest point of the meniscus
m. clean top and lid of container
n - t. same as steps o - u for preparing solid multiple dose medication

5. Steps In Preparing Controlled Drug or Narcotic

a - b. same as steps a - b for Unit Dose
c. obtain keys for medication storage area and controlled drug area plus sign out book for controlled drugs or narcotics
d. unlock medication storage area then unlock controlled drugs and narcotic storage area
e - m. same as steps e - m for Unit Dose *
n. open sign out book and turn to correct control sheet for medication you are preparing
o. record the medication on the proper sheet listing: drug dose, date, name of person to whom given, time given, and your signature
p. verify the amount of medication you have left in the container with balance now listed on control drug sheet

GO ON TO PAGE 12

HOE

DEMONSTRATION OUTLINE

ACTIVITIES

* (if controlled drug on narcotic is not a unit dose, the method of pouring should coincide with steps previously given for Multiple Dose Containers)

6. Steps In Altering the State of a Medication

   a. prepare medication according to steps given for:

      (1) Unit Dose
      (2) Multiple Dose - Solid
      (3) Multiple Dose - Liquid or Powder
      (4) Controlled Drug or Narcotic

   b. to make medication easier to swallow for patient - determine if medication is to be crushed, dissolved, or mixed with food or beverage.

      (1) For crushing, obtain a pestle or two spoons. Place tablet in pestle bowl or between two spoons, apply pressure and grind back and forth. Place all of crushed medication in souffle cup for mixing with liquid or soft food.

      (2) For capsule, hold over souffle cup and gently twist apart, allowing all of medication to fall into cup. Tap on each end of capsule to make certain all medication is obtained. Hold for further mixing.

GO ON TO PAGE 14

HOE

DEMONSTRATION OUTLINE

ACTIVITIES

c. For mixing medication with soft food or liquid, obtain only necessary amount of food or liquid from kitchen and place in container. Place food or beverage on tray with medication. Do not mix until just before administering.

d. Collect any straws or spoons that will be necessary for administration of medication.

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MEDICATION PREPARATION

INSTRUCTIONS

1. During your scheduled laboratory time:
    - a. have your partner observe you
    - b. select at least two of the patient situations on pages 15 and 16
    - c. find the corresponding Kardex card for your situations on pages 17 and 18
    - d. go to the medication area and prepare medications for your "patients", as ordered, following the performance check list on pages 19 and 20
    - e. be sure and keep in mind those principles, hints, and precautions given in the lecture and demonstration
2. Observe your partner preparing medication

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MEDICATION PREPARATION SITUATIONS

ACTIVITIES

1. You are assigned to give total care (daily care, treatments, and medications) to Mrs. Betty Jones, age 68, in Room #653. She has had a history of Angina Pectoris and Diabetes Mellitus for twenty (20) years. She was admitted to the hospital two days ago for severe chest pain following a full day of working in her garden. You have taken her vital signs, given her a.m. care, and helped her with her breakfast. During breakfast she states she is having moderate to severe chest pain. It is now 7:50 a.m. you are verifying her medication orders, as you look at the chart, you find that her last dose of Codiene was given at 1:30 a.m. You are to prepare the medication Mrs. Jones should have at this time.

2. You are medications nurse for the day shift and have medications to prepare for the twenty (20) patients on the medical floor of the hospital. (Room #760 - 774) You have verified all the medication orders for the twenty (20) patients and are about to prepare the medications ordered for each one. It is 7:30 a.m. and it usually takes you approximately fifteen (15) minutes to prepare the medication for 8:00 a.m. and 25 - 30 minutes to administer it. The nurse aide assigned to care for Mr. Steve Frederickes in Room #762 comes and tells you he is coughing very hard and would like his medication. You are to prepare the medication Mr. Fredericks should have at this time.

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MEDICATION PREPARATION SITUATIONS

ACTIVITIES

3. You work second shift in a nursing home. Every other week you are assigned as medication nurse on the third floor. This is your week for medications. During the report from first shift it was reported the Mr. T. Brown in room #354 had not had a bowel movement for several days and was very distressed and somewhat agitated about it. Following report you verified all of your medication orders and went to early supper at 4:00 p.m. Upon your return from supper at 4:35 p.m. you were informed that Mr. T. Brown in #354 had become so upset when they brought him his supper tray that he had refused to eat, yelled at everyone, and had thrown his supper tray at the dietary worker. You are to prepare the medication Mr. Brown should have at this time.

4. You are assigned to a two weeks, 1:00 p.m. - 9:00 p.m., orientation experience on the Genito-Urinary unit as medication nurse. Because of your schedule you are to administer all HS medication before you go off duty, so you usually start about 7:45 p.m. to prepare 8:00 p.m. and HS medications and have them all administered by 8:45 p.m. You have just finished checking supplies at 7:40 p.m. when Mr. Woods, husband of Jane Woods, admitted to room #498 from the emergency room at 4:15 p.m., comes to the nurse's station and informs you that his wife is crying with pain in her left side and she had extreme hurting when she went to the bathroom. The chart shows that Mrs. Woods had Demeroal in the emergency room, just before coming to the floor. You are to prepare the medication Mrs. Woods should have at this time.

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HOE

MEDICATION PREPARATION KARDEX

ACTIVITIES

Medications:

Nitrobid 25 mg Spansule ī daily @ 8:00 am
Diabenese 250 mg tab ī daily @ 8:00 am
Metamucil 7 GM c̄ glass of H2o daily @ 8:00 am
Codiene 30 mg tab q̄ 4 hr. prn for pain

Diagnosis: Angina Pectoris & Diabetes Mellitus

653 Jones, Betty Age: 68 Physician: Dr. White

Situation # 1

Medications:

Terramycin 250 mg Cap q̄ 6 hr. 8 pm 2 pm 8 pm 2 am
Multicebrin Cap ī daily @ 8 am
Elixir Terpin Hydrate 4 ml. q̄ 4 hr prn for cough
Paregoric 5 ml. q̄ 4 hr. 8 am 12 noon 4 pm 8 pm
12 mid. 4 am

Diagnosis: Influenze & Colitis

762 Fredericks, Steve Age: 38 Physician: Dr. Falls

Situation # 2

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MEDICATION PREPARATION KARDEX

ACTIVITIES

Medications:

Crystodigin o.2 mg tab ī bid. 8 am 5 pm (check pulse)

Peritrate 10 mg tab ī tid. 8 am 1 pm 5 pm

Elix. of Phenobarbital 4 ml. q̄ 4 hr prn for over activity

Hydrolose 1 Gm c̄ full glass of H2o @ am daily (may be repeated following evening meal prn)

Diagnosis: Congestive Heart Failure & Angina Pectoris

354 Brown, Timothy Age: 82 Physician: Dr. Small

Situation # 3

Medications:

Azo-Gantrisin 0.5 Gm Tab ī q 6 hr. 8 am 2 pm 8 pm 2 am

Demerol 50 mg tab i q 3-4 hr. prn for pain

Tigan 100 mg cap ī q̄ 8 hr. 4 am 12 noon 8 pm

Milk of Magnesia 30 ml. @ HS for laxative

Diagnosis: Renal Colic c̄ Cystitis

498 Woods, Jane Age: 25 Physician: Dr. Hall

Situation # 4

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MEDICATION PREPARATION

CHECK LIST

ACTIVITIES

U	S		
____	____	1.	Verifies medication order (using method given) with doctor's orders on patient's chart
____	____	2.	Adheres to limitations of medications able to prepare
____	____	3.	Obtains medication keys (and control book if indicated) and unlocks medication area
____	____	4.	Washes hands according to proper technique (30 second wash)
____	____	5.	Selects correct container of medication
____	____	6.	Verifies label for type and dosage of medication
____	____	7.	Opens container and pours medication correctly for type ordered
____	____	8.	Verifies (poured) medication with medication order
____	____	9.	Closes container properly and verifies third time

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MEDICATION PREPARATION

ACTIVITIES

CHECK LIST

U	S		
_____	_____	10.	Records narctoics or controlled drugs properly (verifies drug count) *
_____	_____	11.	Stores medication properly (for type)
_____	_____	12.	Alters state of medication properly *
_____	_____	13.	Obtains any additional equipment necessary to administer medication *
_____	_____	14.	Locks or secures medication area when finished
_____	_____	15.	Cleans up preparation area
_____	_____	16.	Maintains medical asepsis throughout task
_____	_____	17.	Sequences steps of medication preparation correctly
_____	_____	18.	Meets time limit

* if applicable

* * *

(To pass the test on medication preparation you must have all items marked satisfactory on this check list)

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HOE

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities.

2. If all activities are completed and you feel you have reached the objective tell you teacher you are ready for the "Master Test".

3. If all activities are completed and you do not feel ready to take the "Master Test", see your teacher.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

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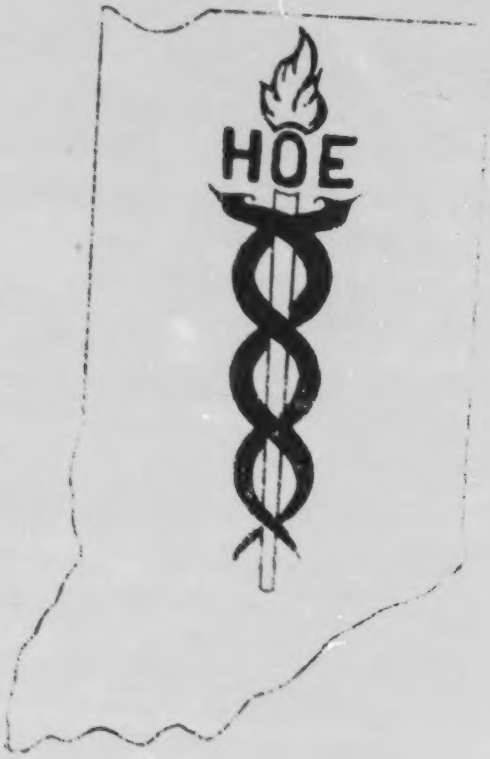

A - 9 - 23

PREPARE ORAL MEDICATION FOR A PATIENT

MASTER TEST

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PREPARE ORAL MEDICATION FOR A PATIENT

MASTER TEST

INSTRUCTIONS

1. Inform your teacher you are ready for the master test and sign up on the appropriate schedule (you are responsible for being present at the proper location at the right time).

2. This test consists of four (4) parts:

   a. prepare a unit-dose of oral medication
   b. prepare a solid oral medication from a multiple dose container
   c. prepare a liquid or powder oral medication from a multiple dose container
   d. prepare an oral medication that is a controlled drug or a narcotic

3. A check list for each part of the test is provided in this booklet. Write your name on each one.

4. When you go to the test area, turn the booklet to page 2 and give it to your teacher

5. Your teacher will have you draw for each medication you are to prepare. You will prepare them one at a time. (The medications will be from the four situations of the laboratory assignment).

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NAME ______________________ DATE ________________

CHECK ONE: ☐ Unit-Dose ☐ Multiple-Solid ☐ Multiple-Liquid ☐ Controlled/Narcotic

MEDICATION PREPARATION

CHECK LIST

MASTER TEST

U	S		
____	____	1.	Verifies medication order (using method given) with doctor's orders on patient's chart
____	____	2.	Adheres to limitations of medications able to prepare
____	____	3.	Obtains medication key (and control book if indicated) and unlocks medication area
____	____	4.	Washes hands according to proper technique (30 second wash)
____	____	5.	Selects correct container of medication
____	____	6.	Verifies label for type and dosage of medication
____	____	7.	Opens container and pours medication correctly for type ordered
____	____	8.	Verifies (poured) medication with medication order
____	____	9.	Closes container properly and verifies third time
____	____	10.	Records narcotics or controlled drugs properly (verifies drug count) *
____	____	11.	Stores medication properly (for type)
____	____	12.	Alters state of medication properly *

* if applicable

GO ON TO PAGE 3

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HOE

MEDICATION PREPARATION

CHECK LIST

MASTER TEST

U S

_____ _____ 13. Obtains any additional equipment necessary to administer medication *

_____ _____ 14. Locks or secures medication area when finished

_____ _____ 15. Cleans up preparation area

_____ _____ 16. Maintains medical asepses throughout task

_____ _____ 17. Sequences steps of medication preparation correctly

_____ _____ 18. Meets time limit

* if applicable

SCORE _____________

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NAME ______________________ DATE ______________

CHECK ONE: ☐ Unit-Dose ☐ Multiple-Liquid
☐ Multiple-Solid ☐ Controlled/Narcotic

MEDICATION PREPARATION

CHECK LIST

MASTER TEST

U S

____ ____ 1. Verifies medication order (using method given) with doctor's orders on patient's chart

____ ____ 2. Adheres to limitations of medications able to prepare

____ ____ 3. Obtains medication key (and control book if indicated) and unlocks medication area

____ ____ 4. Washes hands according to proper technique (30 second wash)

____ ____ 5. Selects correct container of medication

____ ____ 6. Verifies label for type and dosage of medication

____ ____ 7. Opens container and pours medication correctly for type ordered

____ ____ 8. Verifies (poured) medication with medication order

____ ____ 9. Closes container properly and verifies third time

____ ____ 10. Records narcotics or controlled drugs properly (verifies drug count) *

____ ____ 11. Stores medication properly (for type)

____ ____ 12. Alters state of medication properly *

* if applicable

GO ON TO PAGE 5

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HOE

MEDICATION PREPARATION
CHECK LIST

MASTER TEST

U S

_____ _____ 13. Obtains any additional equipment necessary to administer medication *

_____ _____ 14. Locks or secures medication area when finished

_____ _____ 15. Cleans up preparation area

_____ _____ 16. Maintains medical asepses throughout task

_____ _____ 17. Sequences steps of medication preparation correctly

_____ _____ 18. Meets time limit

* if applicable

SCORE ____________________

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NAME ______________________________ DATE ____________________

CHECK ONE:
___ Unit-Dose ___ Multiple-Liquid
___ Multiple-Solid ___ Controlled/Narcotic

HOE

MEDICATION PREPARATION

CHECK LIST

MASTER TEST

U	S		
_____	_____	1.	Verifies medication order (using method given) with doctor's orders on patient's chart
_____	_____	2.	Adheres to limitations of medications able to prepare
_____	_____	3.	Obtains medication key (and control book if indicated) and unlocks medication area
_____	_____	4.	Washes hands according to proper technique (30 second wash)
_____	_____	5.	Selects correct container of medication
_____	_____	6.	Verifies label for type and dosage of medication
_____	_____	7.	Opens container and pours medication correctly for type ordered
_____	_____	8.	Verifies (poured) medication with medication order
_____	_____	9.	Closes container properly and verifies third time
_____	_____	10.	Records narcotics or controlled drugs properly (verifies drug count) *
_____	_____	11.	Stores medication properly (for type)
_____	_____	12.	Alters state of medication properly *

* if applicable

GO ON TO PAGE 7

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HOE

MEDICATION PREPARATION

CHECK LIST

MASTER TEST

U S

______ ______ 13. Obtains any additional equipment necessary to administer medication *

______ ______ 14. Locks or secures medication area when finished

______ ______ 15. Cleans up preparation area

______ ______ 16. Maintains medical asepses throughout task

______ ______ 17. Sequences steps of medication preparation correctly

______ ______ 18. Meets time limit

* if applicable

SCORE ____________________

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NAME ______________________________ DATE ______________

CHECK ONE: ☐ Unit-Dose ☐ Multiple-Liquid

☐ Multiple-Solid ☐ Controlled/Narcotic

MEDICATION PREPARATION

CHECK LIST

MASTER TEST

U	S		
____	____	1.	Verifies medication order (using method given) with doctor's orders on patient's chart
____	____	2.	Adheres to limitations of medications able to prepare
____	____	3.	Obtains medication key (and control book if indicated) and unlocks medication area
____	____	4.	Washes hands according to proper technique (30 second wash)
____	____	5.	Selects correct container of medication
____	____	6.	Verifies label for type and dosage of medication
____	____	7.	Opens container and pours medication correctly for type ordered
____	____	8.	Verifies (poured) medication with medication order
____	____	9.	Closes container properly and verifies third time
____	____	10.	Records narcotics or controlled drugs properly (verifies drug count) *
____	____	11.	Stores medication properly (for type)
____	____	12.	Alters state of medication properly *

* if applicable

GO ON TO PAGE 9

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HOE

MEDICATION PREPARATION

CHECK LIST

MASTER TEST

U	S	
_____	_____	13. Obtains any additional equipment necessary to administer medication *
_____	_____	14. Locks or secures medication area when finished
_____	_____	15. Cleans up preparation area
_____	_____	16. Maintains medical asepses throughout task
_____	_____	17. Sequences steps of medication preparation correctly
_____	_____	18. Meets time limit

* if applicable

SCORE ____________________

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INSTRUCTIONS

UPON COMPLETION OF THE MASTER TEST

1. After you have taken the "Master Test" for this module, check with you teacher to see if you passed the test.

2. If you passed the test, check the schedule for the module or area of study you are to take next.

3. If you did not pass the test, schedule a conference with the teacher to decide what you should do before scheduling a re-test.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

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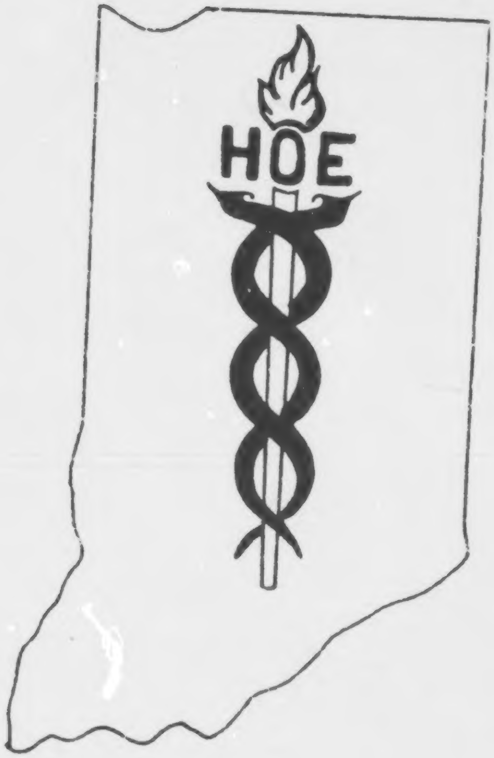

# A - 9 - 24

ADMINISTER ORAL MEDICATIONS TO A PATIENT

MODULE

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ADMINISTER ORAL MEDICATIONS TO A PATIENT

GOAL

One of the most common methods of treating patients today is medication by mouth (orally). All medications must be prepared correctly to give the patient as much protection as possible, but once prepared, medication must be given (administered) to the patient to be of any value.

Administering oral medications may sound fairly easy, but that isn't always true. Suppose the patient isn't in his/her unit or doesn't want to take the medication? What if the patient tends to choke easily or spit the medication out? These and many other problems must be handled daily by members of the health care team who are assigned to preparing and administering oral medications.

This module has been designed to assist specific health care workers to:

1. administer oral medications correctly
2. alter administration of oral medications to meet the patient's needs
3. observe the patient during administration of oral administration
4. record the administration of oral medications and observations correctly

TURN TO NEXT PAGE

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USE OF LEARNING MODULE

INSTRUCTIONS

1. Check the list of pre-requisites for this module on page one (1) to make certain you are ready for this module.

2. Read through the objectives on page two (2) so that you know what you are expected to do upon completing this module.

3. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

4. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

5. If you do not wish to take the master test, turn to the list of activities on pages 3 and 4. Take a few moments to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

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PRE-REQUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study and/or performance:

1 - 28. All areas of study listed for #A-9-23 (Prepare Oral Medications For A Patient)

29. #A-9-23 - Prepare Oral Medication For A Patient

30. Observation Of A Patient

31. Moving A Patient In Bed

32. Feeding A Patient

33. Essentials of Charting

34. Measure Oral Intake For A Patient

35. Clear An Obstructed Airway For A Patient

If you have completed all of these areas of study

GO ON TO PAGE 2

If you have not completed all of these areas of study

SEE YOUR TEACHER

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HOE

ADMINISTER ORAL MEDICATIONS TO A PATIENT

The objective for this module consists of two (2) parts:

OBJECTIVE

1. Given 1 of 4 possible standard situations; a prepared oral medication; proper administration equipment; a student patient in a simulated patient unit and an oral medication administration check list, you will:
   - a. employ the "5 rights" of medication administration
   - b. administer the medication to the patient
   - c. record the administration of the medication with observation
   - d. complete the task within 10 minutes
   - e. attain 100% accuracy on the check list

2. Given 1 of 4 possible complicated patient situations; a prepared oral medication; proper administration equipment; a student partner in a simulated patient unit and an oral medication administration check list, you will:
   - a. employ the "5 rights" of medication administration
   - b. employ necessary steps to care for patient's needs
   - c. administer the medication to the patient
   - d. record the administration of the medication with observations and/or alterations
   - e. complete the task in a reasonable period of time (determined by instructor)
   - f. attain 100% accuracy on the check list

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ACTIVITIES

INSTRUCTIONS

1. TEACHER LECTURE: "Principles of Medication Administration"

   Check the bulletin board for the time and place of the lecture. If the lecture is given more than once you may sign up for the time of your choice. You are responsible for attending the lecture at the proper time and place. An outline of the lecture is given on pages 5 - 8.

2. PREFERRED TEXT: Nursing Skills for the Allied Health Services, Vol. 3, pages 75 - 77.

   You should read the text assignment before going to class. (If this text is not available, check the teacher's list for other references).

3. TEACHER DEMONSTRATION: "How to Administer Oral Medication to a Patient"

   Check the bulletin board for the time and place of the demonstration. If the demonstration is given more than once, you may sign up for the time of your choice. An outline of the demonstration is given on pages 9 - 13. You are responsible for attending the demonstration at the right time and place.

GO ON TO PAGE 4

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ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT: "Medication Administration"

   To help you in your ability to administer oral medications, you will find a prepared assignment and check list on pages 14 - 22. Check the schedule for your assigned laboratory time and location. Do this assignment only after you have heard the lecture and seen the demonstration unless you have the teacher's permission to do so.

5. STUDENT PARTNER:

   It is desirable that you practice in the laboratory with a student partner observing the check list while you practice, then you observe your partner. Working together usually helps both students. If you do not have a partner see your teacher.

6. All activities should be completed before taking the "Master Test." Final instructions can be found on page 23.

TEXT ASSIGNMENT	TO PAGE 3
LECTURE OUTLINE	TO PAGE 5
DEMONSTRATION OUTLINE	TO PAGE 9
LABORATORY ASSIGNMENT	TO PAGE 14
MASTER TEST INSTRUCTIONS	TO PAGE 23

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HOE

LECTURE OUTLINE

"Principles of Medication Administration"

ACTIVITIES

As you listen to the lecture, be sure to note the following:

1. Review of the Principles of Medical Asepsis
    a. handwashing technique
    b. handling of medication
    c. handling of patients personal articles
    d. care of used equipment and/or supplies

2. The "5 Rights" of Medication Administration
    a. the right medication
    b. the right dosage
    c. the right patient
    d. the right time
    e. the right method of administration

3. The Supplies Necessary for the Administration of Oral Medications
    a. pitcher with water
    b. glass and straw
    c. supplies for alteration of administration
        (1) additional glass(es)
        (2) additional or alternate liquid
        (3) additional straw(s) or spoons
        (4) indicated soft food

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LECTURE OUTLINE

ACTIVITIES

4. Factors That Influence Administration of Medications

   a. mobility of patients

      (Examples: to x-ray, laboratory, therapies, visiting etc.)

   b. activities of patient

      (Examples: daily routine, Physician's visits, treatments, isolation etc.)

   c. desires and needs of patient

      (Examples: patient not wanting medication, patient nauseated or not feeling well, etc.)

   d. ability to communicate with patient

      (Examples: language barrier, change in physical condition etc.)

   e. position of patient

      (Examples: unable to move self, in or attached to special devices etc.)

   f. ability of patient to take medication

      (Examples: difficulty swallowing, feeding tube, etc.)

5. Observations While Administering Medications

   a. make observations continuously
      (1) before administration
      (2) during administration
      (3) after administration

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LECTURE OUTLINE

ACTIVITIES

b. use all your senses - especially sight, hearing and touch (Examples: seeing skin erruptions, hearing breathing irregularities or feeling weak or slow pulse)

c. relate observations to possible medication reactions or side-effects

d. if true reaction or side-effect suspected - DO NOT proceed with medication administration until superior consulted

e. make certain patient is safe from physical harm (side rails, etc.)

6. Recording Medications and Observations

   a. record promptly (DO NOT WAIT UNTIL END OF SHIFT)

   b. record pertinent information

      (1) the medication
      (2) the amount given
      (3) the time given
      (4) the route of administration
      (5) any unusual reactions to medication or refusal

   c. additional observations

      (1) comments by patient
      (2) signs or symptoms seen or felt
      (3) consultation with superior

GO ON TO PAGE 8

HOE

LECTURE OUTLINE

ACTIVITIES

7. Follow Up on Administered Medication
    - a. check on patient later to see if desired results were achieved
    - b. check on patient later for cumulative action of medication - especially if regulating dosage (Example: pulse and/or blood pressure for heart or blood pressure medication)
    - c. check patient later for delayed reaction (Example: skin rash, chilling, nausea, etc.)

TEXT ASSIGNMENT	PAGE	3
DEMONSTRATION OUTLINE	PAGE	9
LABORATORY ASSIGNMENT	PAGE	14

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HOE

DEMONSTRATION OUTLINE

"How To Administer Medication To A Patient"

ACTIVITIES

As you watch the demonstration, be sure to note the steps for:

A. Administering An Oral Medication

1. Check to make certain all supplies and equipment have been assembled for administration of medication
2. Check to make certain medication area is locked or secured
3. Wash hands in adjacent facilities
4. Take medication tray, with medication, water, any equipment and medication card (if used) to patient's assigned unit
5. Establish patient's identity (by name-band or given method of agency)
6. Make certain patient is in proper position to swallow medication
7. For a unit-dose oral medication, make final verification of medication, dosage, time and method of administration (for oral medication prepared from a multiple dose container, this step is omitted)
8. Explain to patient the task you are going to perform (if patient is not conscious DO NOT PROCEED , inform your superior)
9. Open unit-dose package (omitted if medication from multiple dose container)

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DEMONSTRATION OUTLINE

ACTIVITIES

10. Mix medication with liquid or soft food according to direction (if indicated)
11. Give patient any necessary instructions (e.g. with sub-lingual or buccal)
12. Give medication to patient or assist patient with medication as needed
13. Assist patient with water or liquid needed to swallow medication. (If medication is a cough medication DO NOT give liquids following administration)
14. Check to make certain patient was able to swallow medication
15. Make patient comfortable
16. Place call bell where patient can reach it
17. Check patient for any immediate reactions to medication
18. Take medication tray back to preparation area
19. Dispose of any waste materials in proper manner
20. Clean medication tray and put away properly
21. Chart medication administered and any observations made

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

B. Administering Oral Medications If Patient Is Not In Unit

1 - 4. Same as steps 1 - 4 of Administering Oral Medications

5. Check to see if patient is close at hand; if so take medication to area where patient is located or return patient to own unit. (If patient is not close at hand, check with superior to find out what you should do)

6. If patient becomes available, proceed with steps 5 - 21 of the demonstration "Administering Oral Medication"

7. If patient is unavailable, take medication back to medication area and check with superior to see if medication can be retained

8. If medication can be retained, store in safe place until patient returns

9. If medication cannot be retained dump it down closest large-hole drain and flush away with running water

10. If medication is a narcotic or controlled drug, attain sign out book, turn to correct drug sheet, find entry of destroyed medication and change "time given" to "wasted" so that medication can be given later if needed

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DEMONSTRATION OUTLINE

ACTIVITIES

11. Chart inability to administer medication at appropriate time

C. Administering Oral Medications If Patient Refuses Medication

1 - 8. Same as steps 1 - 8 of Administering Oral Medication

9. If patient refuses this medication, make at least two (2) attempts to convince the patient to take it. Explain the importance of the medication, and if permitted by the physician, the exact purpose of the medication

10. If you are still unable to convince the patient to take the medication, take it from the patient's unit and inform your superior immediately

11. Follow the instructions given by your superior as to the way to proceed. If the medication is to be retained or disposed of follow steps 8 - 10 found in "Administering Oral Medications If Patient Is Not In Unit"

12. Chart the incident and the manner in which it was handled.

D. Administering Sub-Lingual or Buccal Oral Medications

1 - 10. Same as steps 1 - 10 of "Administering Oral Medications"

11. Explain to patient medication must be held, under tongue if sub-lingual or between gum and jaw if buccal until dissolved. Caution not to swallow medication or drink fluids until dissolved.

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DEMONSTRATION OUTLINE

ACTIVITIES

12. Place medication under the tongue if sub-lingual or between the gum and jaw if buccal - DO NOT GIVE FLUIDS

13 - 19. Same as steps 15 - 21 of "Administering Oral Medications"

E. Administering Oral Medication If Patient Unable to Assist Self

1 - 11. Same as steps 1 - 11 of "Administering Oral Medications"

12. Give patient a drink before giving medication if mouth extremely dry

13. Place unit dose or medication cup to patient's mouth and "pour" medication into mouth. (If patient has difficulty swallowing, place medication far back on tongue)

14 - 22. Same as steps 13 - 21 of "Administering Oral Medications"

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MEDICATION ADMINISTRATION

INSTRUCTIONS

1. During your scheduled laboratory time:
    - a. have your partner be your "patient"
    - b. select at least two of the standard patient situations on pages 15 and 16
    - c. find the corresponding Kardex cards for your situations on pages 17 and 18
    - d. go to the medication area, obtain the prepared medication and administer the medication to your "patients"
    - e. follow the performance check list on pages 21 and 22
    - f. select at least two of the complicated patient situations on pages 19 and 20
    - g. find the corresponding Kardex cards for your situations on page 17 and 18
    - h. go to the medication area, obtain the prepared medication and administer the medication to your "patients". If DOCTOR'S ORDERS have been changed, follow the new order given in the situation
    - i. follow the performance check list on pages 21 and 22
2. Be the "patient" while your partner administer medication

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STANDARD
MEDICATION ADMINISTRATION
SITUATIONS

ACTIVITIES

1. You are assigned to give total care (daily care, treatments, and medications) to Mrs. Betty Jones, age 68, in Room #653. She has had a history of Angina Pectoris and Diabetes Mellitus for twenty (20) years. She was admitted to the hospital two days ago for severe chest pain following a full day of working in her garden. You have taken her vital signs, given her a.m. care, and helped her with her breakfast. During breakfast she states she is having moderate to severe chest pain. It is now 7:50 a.m. you are verifying her medication orders, as you look at the chart, you find that her last dose of Codiene was given at 1:30 a.m. You are to prepare the medication Mrs. Jones should have at this time.

2. You are medications nurse for the day shift and have medications to prepare for the twenty (20) patients on the medical floor of the hospital. (Room #760 - 774) You have verified all the medication orders for the twenty (20) patients and are about to prepare the medications ordered for each one. It is 7:30 a.m. and it usually takes you approximately fifteen (15) minutes to prepare the medication for 8:00 a.m. and 25 - 30 minutes to administer it. The nurse aide assigned to care for Mr. Steve Frederickes in Room #762 comes and tells you he is coughing very hard and would like his medication. You are to prepare the medication Mr. Fredericks should have at this time.

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HOE

ACTIVITIES

STANDARD
MEDICATION ADMINISTRATION
SITUATIONS

3. You work second shift in a nursing home. Every other week you are assigned as medication nurse on the third floor. This is your week for medications. During the report from first shift it was reported the Mr. T. Brown in room #354 had not had a bowel movement for several days and was very distressed and somewhat agitated about it. Following report you verified all of your medication orders and went to early supper at 4:00 p.m. Upon your return from supper at 4:35 p.m. you were informed that Mr. T. Brown in #354 had become so upset when they brought him his supper tray that he had refused to eat, yelled at everyone, and had thrown his supper tray at the dietary worker. You are to prepare the medication Mr. Brown should have at this time.

4. You are assigned to a two weeks, 1:00 p.m. - 9:00 p.m., orientation experience on the Genito-Urinary unit as medication nurse. Because of your schedule you are to administer all HS medication before you go off duty, so you usually start about 7:45 p.m. to prepare 8:00 p.m. and HS medications and have them all administered by 8:45 p.m. You have just finished checking supplies at 7:40 p.m. when Mr. Woods, husband of Jane Woods, admitted to room #498 from the emergency room at 4:15 p.m., comes to the nurse's station and informs you that his wife is crying with pain in her left side and she had extreme hurting when she went to the bathroom. The chart shows that Mrs. Woods had Demeroal in the emergency room, just before coming to the floor. You are to prepare the medication Mrs. Woods should have at this time.

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MEDICATION ADMINISTRATION

KARDEX

ACTIVITIES

Medications:

Nitrobid 25 mg Spansule ī daily @ 8:00 am
Diabenese 250 mg tab ī daily @ 8:00 am
Metamucil 7 GM c̄ glass of H2o daily @ 8:00 am
Codiene 30 mg tab q̄ 4 hr. prn for pain

Diagnosis: Angina Pectoris & Diabetes Mellitus

653 Jones, Betty Age: 68 Physician: Dr. White

Situation # 1

Medications:

Terramycin 250 mg Cap q̄ 6 hr. 8 pm 2 pm 8 pm 2 am
Multicebrin Cap i daily @ 8 am
Elixir Terpin Hydrate 4 ml. q̄ 4 hr prn for cough
Paregoric 5 ml. q̄ 4 hr. 8 am 12 noon 4 pm 8 pm
12 mid. 4 am

Diagnosis: Influenza & Colitis

762 Fredericks, Steve Age: 38 Physician: Dr. Falls

Situation # 2

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MEDICATION ADMINISTRATION

KARDEX

ACTIVITIES

Medications:

Crystodigin o.2 mg tab ± bid. 8 am 5 pm (check pulse)
Peritrate 10 mg tab ± tid. 8 am 1 pm 5 pm
Elix. of Phenobarbital 4 ml. $\bar{q}$ 4 hr prn for over activity

Hydrolose 1 Gm $\bar{c}$ full glass of H2o @ am daily
(may be repeated following evening meal prn)

Diagnosis: Congestive Heart Failure & Angina Pectoris

354 Brown, Timothy Age: 82 Physician: Dr. Small

Situation # 3

Medications:

Azo-Gantrisin 0.5 Gm Tab ± $\bar{q}$ 6 hr. 8 am 2 pm 8 pm 2 am
Demerol 50 mg tab ± $\bar{q}$ 3-4 hr. prn for pain
Tigan 100 mg cap ± $\bar{q}$ 8 hr. 4 am 12 noon 8 pm
Milk of Magnesia 15 ml. @ HS for laxative

Diagnosis: Renal Colic $\bar{c}$ Cystitis

498 Woods, Jane Age : 25 Physician: Dr. Hall

Situation # 4

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COMPLICATED MEDICATION ADMINISTRATION SITUATIONS

ACTIVITIES

1. Mrs. Jones, Room # 653, has been hospitalized for ten (10) days now. She is no longer having chest pain and is being permitted to be up and about in her room as she desires. As you assist her with her morning care, you notice that she has developed two small ulceration areas on her lower right leg. You ask her about it and she tells you she noticed them a day or so ago, about the same time she started having bad cramps in her legs at night. You tell her to be sure and inform her doctor. You are filling supplies in the nurse's station about 11:25 a.m. when the head nurse tells you Dr. White has just ordered Isordil 5mg a.c. and h.s. to be sublingually. You are to give the 11:30 a.m. dose.

2. You have prepared the medications for the twenty (20) patients in Rooms # 760 - 774 for the 12:00 noon medication time. Mr. Steve Fredericks in Room # 762 has been in the hospital for three (3) days and is feeling better. His physician, Dr. Falls, is making rounds while you are administering medications. While talking with Mr. Fredericks, Dr. Falls asks him if he has had any diarrhea today. Mr. Fredericks says that he hasn't had any loose bowel movements since around 1:00 a.m. that morning. Dr. Falls tells Mr. Fredericks that he will only have to take the medication for diarrhea when he needs it. When you enter Mr. Frederick's room he tells you what the doctor said. Upon returning to the nurse's station you find that Dr. Falls has changed the Paregoric order to read Paregoric 5 ml $\bar{q}$ 4-6 hr prn. You are to take care of the "poured" 12:00 noon dose of Paregoric.

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HOE

COMPLICATED MEDICATION ADMINISTRATION SITUATIONS

ACTIVITIES

3. Mr. Timothy Brown, Room # 354, has been a patient in the nursing home for some time now. During this week when you have been administering medications on the second shift, you have noticed he no longer seems agitated or distressed. He is cheerful, active and talks a great deal about his family. Today, as you listen to the evening report, the day nurses inform you that Mr. Brown became very ill early this morning. He has not been able to help himself at all and the doctor has ordered complete bed rest. The day medication nurse reported that she had to help Mr. Brown a great deal and he seemed to have difficulty swallowing. You are to administer his 5:00 p.m. medication.

4. You have two more days of 1:00 p.m. - 9:00 p.m. orientation on the Genito urinary Unit. Mrs. Jane Woods, Room # 498, has been a patient on the unit for a week. She is improving, when you checked charts you found that she had two normal bowel movements during the day. Mrs. Woods has become extremely homesick for her two small children. Since she is permitted to be up several hours a day, the doctor left an order that she can go to the visitor's solarium, this evening, in a wheel chair from 8:30 p.m. to 9:00 p.m. (after visiting hours). You usually get to Room #498 around 8:30 p.m. but you missed Mrs. Woods before she went to the solarium. Your ride is picking you up at 9:00 p.m. sharp and you must be ready to go. You are to administer Mrs. Wood's proper medication.

GO ON TO PAGE 21

HOE

MEDICATION ADMINISTRATION
CHECK LIST

ACTIVITIES

U	S		
____	____	1.	Check to make certain all supplies and equipment are present for administration of medication
____	____	2.	Check to make certain medication area is locked or secured
____	____	3.	Wash hands according to the proper technique
____	____	4.	Take medication (by proper method) to correct patient unit
____	____	5.	Identify patient and verify medication for type, dosage, mode of administration, and time
____	____	6.	Communicate with the patient
____	____	7.	Take care of any prior needs patient may have (if applicable)
____	____	8.	Position patient to take medication (if indicated)
____	____	9.	Administer medications correctly for mode of administration (assist patient if indicated)
____	____	10.	Observe patient before, during, and after administration of medication
____	____	11.	Make patient comfortable and give call bell after administration of medication

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MEDICATION ADMINISTRATION
CHECK LIST

ACTIVITIES

U S

____ ____ 12. Return to medication area and clean properly

____ ____ 13. Proceed correctly if unable to administer medication

____ ____ 14. Maintain medical asepsis throughout task

____ ____ 15. Record medications and observations correctly

____ ____ 16. Sequence steps correctly for administration of medication

____ ____ 17. Meet the time limit (if applicable)

____ ____ 18. Maintain 100% accuracy on check list

* *

(To pass the test on medication administration, you must have all items marked satisfactory on this check list)

GO ON TO PAGE 23

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HOE

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities
2. If all activities are completed and you feel you have reached the objective, tell your teacher you are ready for the "master test"
3. If all activities are completed and you do not feel ready to take the "master test", see your teacher

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

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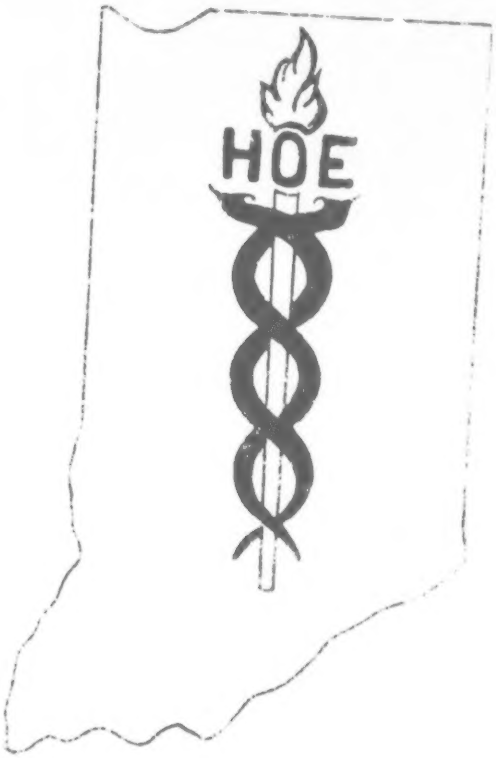

A 9 - 24

ADMINISTER ORAL MEDICATION TO A PATIENT

MASTER TEST

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ADMINISTER ORAL MEDICATION TO A PATIENT

MASTER TEST

INSTRUCTIONS

1. Inform your teacher you are ready for the master test and sign up on the appropriate schedule (you are responsible for being present at the proper location at the right time).

2. Bring your partner or another classmate to be your "patient" when you take the test.

3. This test consists of two (2) parts:
   a. administer an oral medication in 1 of 4 possible standard situations
   b. administer an oral medication in 1 of 4 possible complicated situations

4. A check list for each part of the test is provided in this booklet. Write your name on each one.

5. When you go to the test area turn the booklet to page 2 and give it to your teacher.

6. Your teacher will have you draw for each situation. You will administer them one at a time. (The situations will be from the laboratory assignments).

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NAME: ______________________ DATE: ______________

CHECK ONE: ☐ STANDARD SITUATION ☐ COMPLICATED SITUATION

MEDICATION ADMINISTRATION

CHECK LIST

MASTER TEST

U	S		
____	____	1.	Check to make certain all supplies and equipment are present for administration of medication
____	____	2.	Check to make certain medication area is locked or secured
____	____	3.	Wash hands according to the proper technique
____	____	4.	Take medication (by proper method) to correct patient unit
____	____	5.	Identify patient and verify medication for type, dosage, mode of administration and time
____	____	6.	Communicate with the patient
____	____	7.	Take care of any prior needs patient may have (if applicable)
____	____	8.	Position patient to take medication (if indicated)
____	____	9.	Administer medications correctly for mode of administration (assist patient if indicated)
____	____	10.	Observe patient before, during, and after administration of medication
____	____	11.	Make patient comfortable and give call bell after administration of medication

GO ON TO PAGE 3

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MEDICATION ADMINISTRATION

CHECK LIST

MASTER TEST

U	S	
____	____	12. Return to medication area and clean properly
____	____	13. Proceed correctly if unable to administer medication
____	____	14. Maintain medical asepsis throughout task
____	____	15. Record medication and observation correctly
____	____	16. Sequence steps correctly for administration of medication
____	____	17. Meet the time limit (if applicable)
____	____	18. Maintains 100% accuracy on check list

SCORE ____________________

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NAME: ______________________ DATE: ______________

CHECK ONE: ☐ STANDARD SITUATION ☐ COMPLICATED SITUATION

HOE

MEDICATION ADMINISTRATION

CHECK LIST

MASTER TEST

____ ____ 1. Check to make certain all supplies and equipment are present for administration of medication

____ ____ 2. Check to make certain medication area is locked or secured

____ ____ 3. Wash hands according to the proper technique

____ ____ 4. Take medication (by proper method) to correct patient unit

____ ____ 5. Identify patient and verify medication for type, dosage, mode of administration and time

____ ____ 6. Communicate with the patient

____ ____ 7. Take care of any prior needs patient may have (if applicable)

____ ____ 8. Position patient to take medication (if indicated)

____ ____ 9. Administer medications correctly for mode of administration (assist patient if indicated)

____ ____ 10. Observe patient before, during, and after administration of medication

____ ____ 11. Make patient comfortable and give call bell after administration of medication

GO ON TO PAGE 5

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HOE

MEDICATION ADMINISTRATION

CHECK LIST

MASTER TEST

U	S		
____	____	12.	Return to medication area and clean properly
____	____	13.	Proceed correctly if unable to administer medication
____	____	14.	Maintain medical asepsis throughout task
____	____	15.	Record medication and observation correctly
____	____	16.	Sequence steps correctly for administration of medication
____	____	17.	Meet the time limit (if applicable)
____	____	18.	Maintain 100% accuracy on check list

SCORE ________________

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HOE

UPON COMPLETION OF THE MASTER TEST

INSTRUCTIONS

1. After you have taken the "Master Test" for this module, check with your teacher to see if you passed the test.

2. If you passed the test, check the schedule for the module or area of study you are to take next.

3. If you did not pass the test, schedule a conference with the teacher to decide what you should do before scheduling a re-test.

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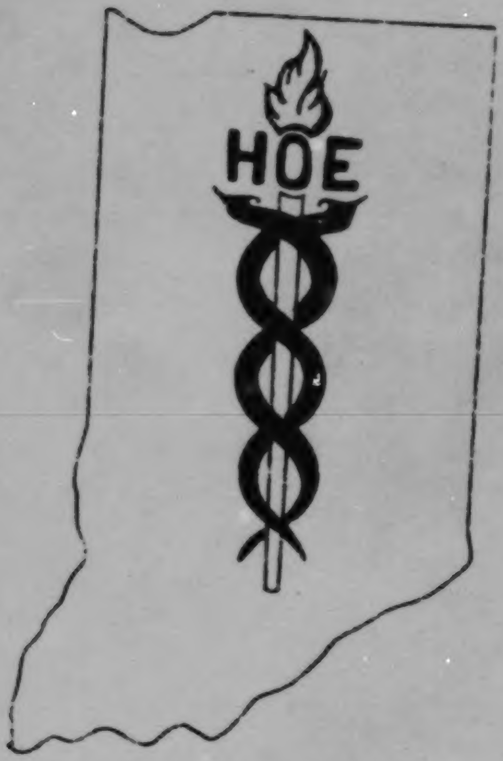

# A - 9 - 25

COUNT NARCOTICS OR CONTROLLED DRUGS TO DETERMINE THE ACCURACY OF INVENTORY RECORDS MODULE

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COUNT NARCOTICS OR CONTROLLED DRUGS TO DETERMINE ACCURACY OF INVENTORY RECORDS

GOAL

A number of medications that are given to patients are for the purpose of relieving pain, producing sleep or evoking an emotional response (these medication are narcotics or controlled drugs).

By law, each health care agency must keep a detailed record of every dose of medication of this nature that is administered plus maintain a routine periodic counting of these types of medication. Each agency has some individual policies regarding narcotics and controlled drugs, but the general method in which the accuracy of records is established is standard.

This module will enable the health care worker, who prepares and administers medications to:

1. employ the rules and regulations of narcotic and controlled drug inventory
2. perform an accurate count of narcotics and controlled drugs
3. recognize discrepancies in the narcotic and controlled drug inventory
4. correct discrepancies in the narcotic and controlled drug inventory (if within realm)

TURN TO NEXT PAGE

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USE OF LEARNING MODULE

INSTRUCTIONS

1. Check the list of pre-requisites for this module on page 1 to make certain you are ready for this module.

2. Read through the objective on page 2 so that you know what you are expected to do upon completing this module.

3. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

4. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

5. If you do not wish to take the master test, turn to the list of activities on pages 3 and 4. Take a few moments to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

GO TO PAGE 1

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Count Narcotics or Controlled Drugs To Determine Accuracy of Inventory Records

HOE

PRE-REGUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study or performance:

1. Organization of Health Care Agencies

2-23. All pre-requisite areas listed for # A - 9 - 23 - "Prepare Oral Medications For A Patient"

24. # A - 9 - 23 - "Prepare Oral Medications For A Patient"

25-30. All pre-requisite areas listed for # A - 9 - 24 - "Administer Oral Medications To A Patient"

31. # A - 9 - 24 - "Administer Oral Medications To A Patient"

* *

If you have completed all of these areas of study

GO ON TO PAGE 2

If you have not completed all of these areas of study

SEE YOUR TEACHER

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Count Narcotics or Controlled Drugs to Determine Accuracy of Inventory Records

Your objective for this task consists of two (2) parts as follows:

OBJECTIVE

1. Given the proper equipment, a student partner, and a check list for counting narcotics and controlled drugs, you will:
   - a. obtain the necessary equipment to count narcotics and controlled drugs
   - b. count the given medication according to rules and regulations and verify the count
   - c. record and/or report results of count
   - d. complete the task within 10 minutes
   - e. attain 100% accuracy on the check list

2. Given 1 or 4 possible situations in which there is a discrepancy in the medication count, the proper equipment, a student partner, and a check list for counting narcotics and controlled drugs, you will:
   - a. obtain the necessary equipment to count narcotics and controlled drugs
   - b. count the given medication - according to rules and regulations and verify with partner
   - c. locate the discrepancy and correct (if possible)
   - d. record and/or report results of count correctly
   - e. attain 100% accuracy on the check list

GO ON TO PAGE 3

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HOE

ACTIVITIES

INSTRUCTIONS

1. TEACHER LECTURE:

"Principles of Counting Narcotics and Controlled Drugs"

Check the bulletin board for the time(s) of the lecture. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location). An outline of the lecture can be found on pages 5 - 7 .

2. PREFERRED TEXT:

Nursing Skills for the Allied Health Services, Vol. 3, pages 67 and pages 73-74. (If this text is not available, check the teacher's list for other references). Read one of the references before going to class.

3. TEACHER DEMONSTRATION:

"How to Count Narcotics and Controlled Drugs"

Check the bulletin board for the time(s) of the demonstration. If it is given more than once, you may sign up for the time of your choice. You are responsible for knowing the time and location of the correct demonstration. An outline of the demonstration can be found on pages 8 - 11.

GO ON TO PAGE 4

ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT:

"Counting Narcotics and Controlled Drugs"

To help you in your ability to count narcotics and controlled drugs, you will find a specific assignment on pages 12-20. Do this assignment only after you have heard the lecture and seen the demonstration (unless you have the teacher's permission to do so). Check the schedule for your assigned laboratory time and location.

5. STUDENT PARTNERS:

It is necessary that you practice in the laboratory with a student partner assisting you with the narcotic and controlled drug count. It may be necessary to have a second partner observe the check list while you practice. Working together is usually the best way for all to learn.

6. MASTER TEST:

All activities should be completed before taking the "master test". Instructions for it are found on page 21.

TEXT ASSIGNMENT TO PAGE 3
LECTURE OUTLINE TO PAGE 5
DEMONSTRATION OUTLINE TO PAGE 8
LABORATORY ASSIGNMENT TO PAGE 12

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HOE

LECTURE OUTLINE

ACTIVITIES

As you listen to the lecture be sure to note:

1. Rules and Regulations of Narcotic and Controlled Drug Inventory
   - a. required frequency of count
   - b. required personnel needed
   - c. required methods of storage
   - d. proper methods of counting
   - e. required methods of recording count
   - f. proper methods of verification
   - g. individual agency policies (if any)

2. Supplies and Equipment Necessary to Perform Narcotic and Controlled Drug Count
   - a. sign out book, ledger, or folder
   - b. keys to medication area where stored
   - c. hand washing facilities
   - d. medication storage area
   - e. medication Kardex
   - f. simulated narcotics and controlled drugs
   - g. patients charts (near at hand)

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LECTURE OUTLINE

ACTIVITIES

3. Common Reasons for Discrepancy in Narcotic and Controlled Drug Count

   a. medication nurse in hurry and forgot to sign out for narcotic or controlled drug
   b. medication nurse made error in recording current count (subtraction recorded previous number etc.)
   c. medication nurse recorded narcotic or controlled drug on wrong record sheet
   d. medication nurse forgot to record narcotic or controlled drug that was wasted or borrowed
   e. narcotic or controlled drug count incorrect upon receipt from pharmacist
   f. narcotic or controlled drug stolen

4. Helpful Hints and Precautions for Counting Narcotics and Controlled Drugs

   a. give yourself time for a full count - don't hurry
   b. if at all possible actually count the medication you have on hand each time you "pour" a narcotic or controlled drug
   c. always record the narcotic or controlled drug as you "pour it"

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LECTURE OUTLINE

ACTIVITIES

d. when narcotics or controlled drugs are refused or wasted, record same as soon as possible
e. maintain a systematic order for storing and counting and maintain record sheets in that same order
f. check any discrepancies immediately if unable to validate, report to superior at once
g. validate the count of mediation upon receiving a new supply from the pharmacist; report at once if an error exists
h. never leave the keys to the medication storage laying around
i. never leave the medication storage area unlocked unless you are present
j. follow the narcotic and controlled drug rules and regulations at all times

DEMONSTRATION OUTLINE TO PAGE 8
LABORATORY ASSIGNMENT TO PAGE 12

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DEMONSTRATION OUTLINE

ACTIVITIES

As you watch the demonstration be sure to observe the following:

A. Steps In Counting Narcotics and Controlled Drugs

1. Obtain the sign out records and keys to the medication area
2. Obtain assistance of personnel qualified to count narcotics and controlled drugs
3. Position helper close to medication area with sign out records
4. Unlock medication area (narcotics and controlled drugs should be double locked)
5. Wash hands in adjacent facility
6. Select container and read the label giving medication name and dosage
7. Inform person with sign out record which narcotic or controlled drug you are counting (or count in order of sign out records)
8. Establish supply of medication on hand in the following manner:
    a. for unit dose - count the number of doses you have in the container
    b. for a controlled dispenser - look at the top of the dispenser and observe the number or compartments in which there is medication

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DEMONSTRATION OUTLINE

ACTIVITIES

c. for a liquid medication in a container with calibrations - hold the calibrated container at eye level, place thumb nail at level of medication and determine amount of medication in container with calibration

9. Give medication count to the person with the sign out records
10. Listen for your helper's verification of the count
11. After count has been verified, return the container to the proper place
12. Continue through steps 6 - 11 for each narcotic or controlled drug to be counted
13. When all medication is counted, turn to or obtain the record sheet for count verification
14. Both you and your helper sign your names, time, and date of verification of the narcotic and controlled drug count
15. Lock the medication area
16. Clean up the medication area - if indicated
17. Return the sign out records and keys to the proper place
18. Report count to superior - if indicated

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DEMONSTRATION OUTLINE

ACTIVITIES

B. Steps In Handling Discrepancies In Narcotics or Controlled Drug Count

1 - 10. Same as steps 1 - 10 for "Counting Narcotics and Controlled Drugs"

11. If your count and the sign out record do not coincide, state your count again, to make certain you were understood

12. If they still do not coincide, recount the medication in the container

13. Give the second medication count to the person with the sign out record

14. If the count and sign out record coincides now, proceed to step #11 of "Counting Narcotics and Controlled Drugs"

15. If the count and the sign out record still do not coincide, proceed in the following systematic manner:

    a. check the sign out record to make certain it is the correct one for the medication being counted - if not turn to the correct record

    b. check the sign out record to determine if there has been an error in recording or count (e.g. recording previous number, subtraction error, etc.) if so correct error, verify the count, and proceed with task

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DEMONSTRATION OUTLINE

ACTIVITIES

c. check Kardex and/or medication sheets to determine what patients are receiving the specific medication in question

d. check patient charts, one at a time, to determine if narcotic or controlled drug was given but not signed out on sign out record - if there was a dose not signed out - record drug, dosage date, time, and name of person to whom given, plus name of person who gave the medication, followed by your initials in parenthesis - then verify the count and proceed with task

16. If error is not established after the systematic search, contact your superior, immediately and proceed in the manner advised. DO NOT use any narcotic or controlled drug from a container that does not have a verified count and sign out record.

LABORATORY ASSIGNMENT
TO PAGE 12

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COUNTING NARCOTICS & CONTROLLED DRUGS

INSTRUCTIONS

1. During your scheduled laboratory time:
    a. have your partner assist you
    b. turn to the narcotic and controlled drug sign out records on pages 13 and 14
    c. go to the medication area and count the narcotics and controlled drugs and verify the count with the sign out records following the performance check list on pages 15 and 16
    d. turn to the situations on narcotic and controlled drug discrepancies on pages 17-20; select at least two of the situations and practice correcting the discrepancies with your partner (follow the performance check list on pages 15 and 16
    e. have a second class mate follow the check list if necessary
    f. be sure and keep in mind those items given in the lecture and demonstration

✓

2. Assist your partner and class mates in counting narcotics and controlled drugs

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NARCOTIC AND CONTROLLED DRUG SHEET

(1977)

Patient	Date	Time	Nurse	Patient	Date	Time	Nurse
30. M. Brand	2/12	9:20 p.m.	T.M.	15. R. Ramsey	2/13	10:00 p.m.	P.G.
29. M. Brand	2/12	9:30 p.m.	T.M.	14. B. Green	2/13	wasted	P.G.
28. R. Wiggs	2/12	9:45 p.m.	T.M.	13.			
27. C. Gibbs	2/12	9:50 p.m.	T.M.	12.			
26. F. Lester	2/12	10:00 p.m.	T.M.	11.			
25. P. Ramsey	2/12	10:05 p.m.	T.M.	10.			
24. T. Sloan	2/12	10:15 p.m.	T.M.	9.			
23. B. Green	2/12	10:20 p.m.	T.M.	8.			
22. C. Gibbs	2/13	1:00 a.m.	R.W.	7.			
21. R. Wiggs	2/13	9:15 p.m.	P.G.	6.			
20. C. Gibbs	2/13	9:30 p.m.	P.G.	5.			
19. M. Brand	2/13	9:45 p.m.	P.G.	4.			
18. M. Brand	2/13	9:45 p.m.	P.G.	3.			
17. F. Lester	2/13	wasted	P.G.	2.			
16. T. Sloan	2/13	9:55 p.m.	P.G.	1.			

SECONAL 100 mg capsules 783

NARCOTIC AND CONTROLLED DRUG SHEET

(1977)

Patient	Date	Time	Nurse	Patient	Date	Time	Nurse
30. C. Meyers	2/13	5:00 p.m.	L.V.	15.			
29. A. Stone	2/13	6:15 p.m.	P.G.	14.			
28. C. Meyers	2/13	10:15 p.m.	P.G.	13.			
27. G. Thompson	2/13	10:50 p.m.	L.V.	12.			
26.				11.			
25.				10.			
24.				9.			
23.				8.			
22.				7.			
21.				6.			
20.				5.			
19.				4.			
18.				3.			
17.				2.			
16.				1.			

DEMEROL 50 mg tablets 784

COUNT NARCOTICS & CONTROLLED DRUGS

ACTIVITIES

—

NARCOTIC AND CONTROLLED DRUG SHEET

Patient	(1977) Date	Time	Nurse	Patient	Date	Time	Nurse
30. L. Murphy	2/12	7:30 a.m.	G.S.	15.			
29. L. Murphy	2/12	11:30 a.m.	G.S.	14.			
28. L. Murphy	2/12	4:30 p.m.	T.M.	13.			
27. P. Hunt	2/12	6:00 p.m.	T.M.	12.			
26. L. Murphy	2/12	9:00 p.m.	T.M.	11.			
25. P. Hunt	2/12	10:45 p.m.	T.M.	10.			
24. P. Hunt	2/13	3:00 a.m.	R.W.	9.			
23. P. Hunt	2/13	7:00 a.m.	R.W.	8.			
22. L. Murphy	2/13	7:30 a.m.	E.B.	7.			
21. L. Murphy	2/13	11:30 a.m.	E.B.	6.			
20. P. Hunt	2/13	11:45 a.m.	E.B.	5.			
19. L. Murphy	2/13	4:30 p.m.	P.G.	4.			
18. P. Hunt	2/13	5:00 p.m.	P.G.	3.			
17. P. Hunt	2/13	9:50 p.m.	P.G.	2.			
16. C. Alexander	2/13	10:20 p.m.	P.G.	1			

CODEINE 30 mg tablet

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NARCOTIC AND CONTROLLED DRUG SHEET

(1977)

Patient	Date	Time	Nurse	Patient	Date	Time	Nurse
30. T. Soyles	2/12	8:00 a.m.	G.S.	15.			
29. T. Soyles	2/12	1:00 p.m.	G.S.	14.			
28. T. Soyles	2/12	6:30 p.m.	L.V.	13.			
27. T. Soyles	2/12	11:45 p.m.	R.W.	12.			
26. T. Soyles	2/13	5:00 a.m.	R.W.	11.			
25. D. Dancer	2/13	7:20 a.m.	E.B.	10.			
24. T. Soyles	2/13	11:00 a.m.	E.B.	9.			
23. D. Dancer	2/13	11:35 a.m.	E.B.	8.			
22. D. Dancer	2/13	4:20 p.m.	P.G.	7.			
21. T. Soyles	2/13	4:35 p.m.	P.G.	6.			
20. J. Jacobs	2/13	6:00 p.m.	P.G.	5.			
19. D. Dancer	2/13	9:15 p.m.	P.G.	4.			
18. T. Soyles	2/13	9:20 p.m.	P.G.	3.			
17. J. Jacobs	2/13	10:50 p.m.	P.G.	2.			
16.				1.			

CODEINE 60 mg tablet 786

NARCOTIC AND CONTROLLED DRUG SHEET
(1977)

Patient	Date	Time	Nurse	Patient	Date	Time	Nurse
30.				15. G. Hauser	2/14	3:05 p.m.	S.S.
29.				14.			
28.				13.			
27.				12.			
26.				11.			
25.				10.			
24.				9.			
23.				8.			
22. 2-13-77				7.			
21. 20 capsules (A. Butler, Pharmacist)				6.			
20. L. Walls	2/13	11:45 p.m.	S.S.	5.			
19. S. Irving	2/13	11:55 p.m.	S.S.	4.			
18. F. Voort	2/14	12:05 a.m.	S.S.	3.			
17. G. Hauser	2/14	12:10 a.m.	S.S.	2.			
16. S. Irving	2/14	2:30 a.m.	S.S.	1.			

787

PLACIDYL 500 mg Capsule

NARCOTIC AND CONTROLLED DRUG SHEET

Patient	(1977) Date	Time	Nurse	Patient	Date	Time	Nurse
30. P. Parent	2/12	8:00 a.m.	G.S.	15. P. Parent		1:00 p.m.	E.B.
29. B. Long	2/12	8:00 a.m.	G.S.	14. B. Long			E.B.
28. M. Conger	2/12	8:00 a.m.	G.S.	13. M. Conger		1:00 p.m.	E.B.
27. P. Parent	2/12	1:00 p.m.	T.M.	12. P. Parent		5:00 p.m.	P.G.
26. B. Long	2/12	1:00 p.m.	T.M.	11. M. Conger		5:00 p.m.	P.G.
25. M. Conger	2/12	1:00 p.m.	T.M.	10. P. Parent		9:00 p.m.	P.G.
24. P. Parent	2/12	5:00 p.m.	L.V.	9. M. Conger		9:00 p.m.	P.G.
23. B. Long	2/12	5:00 p.m.	L.V.	8.			
22. M. Conger	2/12	5:00 p.m.	L.V.	7.			
21. P. Parent	2/12	9:00 p.m.	L.V.	6.			
20. B. Long	2/12	9:00 p.m.	L.V.	5.			
19. M. Conger	2/12	9:00 p.m.	L.V.	4.			
18. P. Parent	2/13	8:00 a.m.	E.B.	3.			
17. B. Long	2/13	8:00 a.m.	E.B.	2.			
16. M. Conger	2/13	8:00 a.m.	E.B.	1.			

BENZADRINE 5 mg Capsule 788

COUNT NARCOTICS & CONTROLLED DRUGS

ACTIVITIES

NARCOTIC AND CONTROLLED DRUGS
(1977)

Nurse	Date	Time	Count	Nurse	Date	Time	Count
G. Smith, R.N.	2/12	3:00 p.m.	o.k.				
T. Meyers, R.N.	2/12	3:00 p.m.	o.k.				
L. Vestman, R.N.	2/12	11:00 p.m.	o.k.				
P. Gillman, LPN	2/12	11:00 p.m.	o.k.				
R. White, LPN	2/13	7:00 a.m.	o.k.				
S. Somers, R.N.	2/13	7:00 a.m.	o.k.				
G. Smith, R.N.	2/13	3:00 p.m.	o.k.				
E. Brown, R.N.	2/13	3:00 p.m.	o.k.				
L. Vestman, R.N.	2/13	11:30 p.m.	o.k.				
P. Gillman, LPN	2/13	11:30 p.m.	o.k.				

VERIFICATION SHEET

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HOE

CHECK LIST
FOR
COUNTING NARCOTICS & CONTROLLED DRUGS

ACTIVITIES

U	S		
		1.	Obtains proper equipment for counting medication
		2.	Procures qualified assistance for count
		3.	Unlocks medication area correctly
		4.	Washes hands according to proper technique
		5.	Identifies medications correctly for each one counted
		6.	Counts medication correctly (according to method used on form of medication)
		7.	Verifies each medication counted with partner
		8.	Re-affirms count - if discrepancy
		9.	Re-counts medication and gives second count *
		10.	Checks sign out record for possible errors *
		11.	Checks doctor's orders and medication sheets in order to locate discrepancy *
		12.	Corrects discrepancy in proper manner *
		13.	Verifies and/or reports correct count on written form
		14.	Reports to superior if unable to resolve discrepancy *

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HOE

CHECK LIST
FOR
COUNTING NARCOTICS & CONTROLLED DRUGS

ACTIVITIES

U S

_____ _____ 15. Locks facilities and tidies medication area

_____ _____ 16. Sequences steps of task correctly

_____ _____ 17. Maintains medical asepsis throughout task

_____ _____ 18. Meets time limits *

_____ _____ 19. Maintains 100% accuracy on check list

* if applicable

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ACTIVITIES

DISCREPANCY SITUATIONS FOR COUNTING NARCOTICS & CONTROLLED DRUGS

SITUATION # 1

You are one of the regular medication nurses for a nursing home on the 3:00 - 11:00 p.m. shift. Most of the patients on your wing are up and about and have been on the same medication for some time. You are counting narcotics and controlled drugs with the night nurse and find a discrepancy between the count and the sign out sheet for Benzadrine 5 mg capsules. The count is for 9 capsules and the sign out sheet shows only 8 capsules. You are to locate the reason for the discrepancy, if possible, correct it and verify the count.

SITUATION # 2

You are the 11:00 p.m. - 7:00 a.m. medications' nurse in a long term care unit. When you received report, the evening shift told you there were 10 patients coming in after 11:30 p.m., as they are attending a performance of a circus at the new local coliseum. You are very busy all night trying to get everyone settled. When you count narcotics and controlled drugs with the 7:00 a.m. medications' nurse, you find there is a discrepancy between the count and the sign out sheet for Placidge 500 mg capsules. The count is for 15 capsules and the sign out record shows 14. You are to locate the reason for the discrepancy, if possible, correct it and verify the count.

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ACTIVITIES

DISCREPANCY SITUATIONS
FOR
COUNTING NARCOTICS & CONTROLLED DRUGS

SITUATION # 3

You have just come on duty at 11:00 p.m. on the 5th floor surgical ward. As you and the 3:00 - 11:00 p.m. medication nurse are verifying the narcotic and controlled drug count, you discover a discrepancy in the count of Seconal 100 mg capsules. The evening nurse gave you a count of 12 and according to the sheet there should be 13. You are to locate the reason for the discrepancy, if possible, correct it, and verify the count.

SITUATION # 4

You are the medication nurse on the 3:00 - 11:00 p.m. shift of the 4th floor medical ward. You are counting narcotics and controlled drugs at the end of your shift. A discrepancy is found in the count for Codeine 30 mg tablets. You count 14 tablets in the container and the sign out record sheet shows 15. You are to locate the reason for the discrepancy, if possible, correct it and verify the count.

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NARCOTIC AND CONTROLLED DRUG SHEET

Patient	(1977) Date	Time	Nurse	Patient	Date	Time	Nurse
30. P. Parent	2/12	8:00 a.m.	G.S.	15. P. Parent	2/13	1:00 p.m.	E.B.
29. B. Long	2/12	8:00 a.m.	G.S.	14. B. Long	2/13		E.B.
28. M. Conger	2/12	8:00 a.m.	G.S.	13. M. Conger	2/13	1:00 p.m.	E.B.
27. P. Parent	2/12	1:00 p.m.	T.M.	12. P. Parent	2/13	5:00 p.m.	P.G.
26. B. Long	2/12	1:00 p.m.	T.M.	11. M. Conger	2/13	5:00 p.m.	P.G.
25. M. Conger	2/12	1:00 p.m.	T.M.	10. P. Parent	2/13	9:00 p.m.	P.G.
24. P. Parent	2/12	5:00 p.m.	L.V.	9. M. Conger	2/13	9:00 p.m.	P.G.
23. B. Long	2/12	5:00 p.m.	L.V.	8.			
22. M. Conger	2/12	5:00 p.m.	L.V.	7.			
21. P. Parent	2/12	9:00 p.m.	L.V.	6.			
20. B. Long	2/12	9:00 p.m.	L.V.	5.			
19. M. Conger	2/12	9:00 p.m.	L.V.	4.			
18. P. Parent	2/13	8:00 a.m.	E.B.	3.			
17. B. Long	2/13	8:00 a.m.	E.B.	2.			
16. M. Conger	2/13	8:00 a.m.	E.B.	1.			

BENZADRINE 5 mg Capsule 794 SITUATION # 1

NARCOTIC AND CONTROLLED DRUG SHEET

Patient	Date	Time	Nurse	Patient	Date	Time	Nurse
30.				15. S. Irving	2/14	2:30 a.m.	S.S.
29.				14. G. Hauser	2/14	3:05 p.m.	S.S.
28.				13.			
27.				12.			
26.				11.			
25.				10.			
24.				9.			
23.				8.			
22.				7.			
21. 2-13-77				6.			
20. 20 capsules (A. Butler, Pharmacist)				5.			
19. L. Walls	2/13	11:45 p.m.	S.S.	4.			
18. S. Irving	2/13	11:55 p.m.	S.S.	3.			
17. F. Voort	2/14	12:05 a.m.	S.S.	2.			
16. G. Hauser	2/14	12:10 a.m.	S.S.	1.			

PLACIDYL 500 mg Capsule 795 SITUATION # 2

HOE

DISCREPANCY SITUATIONS FOR COUNTING NARCOTICS & CONTROLLED DRUGS

ACTIVITIES

NARCOTIC AND CONTROLLED DRUG SHEET

Patient	(1977) Date	Time	Nurse	Patient	Date	Time	Nurse
30. M. Brand	2/12	9:20 p.m.	T.M.	15. R. Ramsey	2/13	10:00 p.m.	P.G.
29. M. Brand	2/12	9:30 p.m.	T.M.	14. B. Green	2/13	wasted	P.G.
28. R. Wiggs	2/12	9:45 p.m.	T.M.	13.			
27. C. Gibbs	2/12	9:50 p.m.	T.M.	12.			
26. F. Lester	2/12	10:00 p.m.	T.M.	11.			
25. P. Ramsey	2/12	10:05 p.m.	T.M.	10.			
24. T. Sloan	2/12	10:15 p.m.	T.M.	9.			
23. B. Green	2/12	10:20 p.m.	T.M.	8.			
22. C. Gibbs	2/13	1:00 a.m.	R.W.	7.			
21. R. Wiggs	2/13	9:15 p.m.	P.G.	6.			
20. C. Gibbs	2/13	9:30 p.m.	P.G.	5.			
19. M. Brand	2/13	9:45 p.m.	P.G.	4.			
18. M. Brand	2/13	9:45 p.m.	P.G.	3.			
17. F. Lester	2/13	wasted	P.G.	2.			
16. T. Sloan	2/13	9:55 p.m.	P.G.	1.			

SECONAL 100 mg capsules SITUATION # 3

GO ON TO PAGE 20

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NARCOTIC AND CONTROLLED DRUG SHEET

(1977)

Patient	Date	Time	Nurse	Patient	Date	Time	Nurse
30. L. Murphy	2/12	7:30 a.m.	G.S.	15.			
29. L. Murphy	2/12	11:30 a.m.	G.S.	14.			
28. L. Murphy	2/12	4:30 p.m.	T.M.	13.			
27. P. Hunt	2/12	6:00 p.m.	T.M.	12.			
26. L. Murphy	2/12	9:00 p.m.	T.M.	11.			
25. P. Hunt	2/12	10:45 p.m.	T.M.	10.			
24. P. Hunt	2/13	3:00 a.m.	R.W.	9.			
23. P. Hunt	2/13	7:00 a.m.	R.W.	8.			
22. L. Murphy	2/13	7:30 a.m.	E.B.	7.			
21. L. Murphy	2/13	11:30 a.m.	E.B.	6.			
20. P. Hunt	2/13	11:45 a.m.	E.B.	5.			
19. L. Murphy	2/13	4:30 p.m.	P.G.	4.			
18. P. Hunt	2/13	5:00 p.m.	P.G.	3.			
17. P. Hunt	2/13	9:50 p.m.	P.G.	2.			
16. C. Alexander	2/13	10:20 p.m.	P.G.	1			

CODEINE 30 mg tablet 797 SITUATION # 4

ACTIVITIES

DISCREPANCY SITUATIONS FOR COUNTING NARCOTICS & CONTROLLED DRUGS

NARCOTIC AND CONTROLLED DRUGS

(1977)

Nurse	Date	Time	Count	Nurse	Date	Time	Count
SITUATION # 1				SITUATION #	3		
G. Smith, R.N.	2/13	3:00 p.m.	o.k.	G. Smith, R.N.	2/13	3:00 p.m.	o.k.
E. Brown, R.N.	2/13	3:00 p.m.	o.k.	E. Brown, R.N.	2/13	3:00 p.m.	o.k.
SITUATION # 2				SITUATION #	4		
(20 tablets from A. Butler, pharmacist)				G. Smith, R.N.	2/13	3:00 p.m.	o.k.
				E. Brown, R.N.	2/13	3:00 p.m.	o.k.

VERIFICATION SHEET

(USE PERFORMANCE CHECK LIST PAGES 15 & 16)

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HOE

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities

2. If all activities are completed and you feel you have reached the objective, tell your teacher you are ready for the "Master Test"

3. If all activities are completed and you do not feel ready to take the "Master Test", see your teacher

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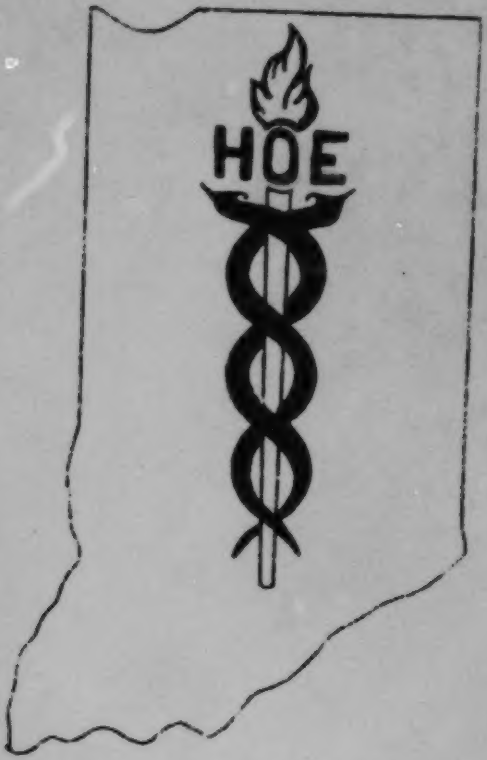
HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2



# A - 9 - 25

COUNT NARCOTICS OR CONTROLLED DRUGS TO DETERMINE ACCURACY OF INVENTORY RECORDS

MASTER TEST

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MASTER TEST

MASTER TEST

1. Sign up on the appropriate schedule for the master test.
2. Select a partner from the list of persons available at the time of your testing. (You are responsible for being present for your testing, with your partner, at the proper time, and location)
3. This test consists of two (2) parts:
   a. perform a routine count of narcotics and controlled drugs and verify the count
   b. perform a count of narcotics and controlled drugs in 1 of 4 possible situations in which there is a discrepancy; correct the discrepancy, and verify the count
4. A check list for each part of the test is provided in this booklet. Write your name on each one.
5. When you go to the test area, turn the booklet to page 2, and give it to your teacher.
6. When you perform the count with the discrepancy, your teacher will have you draw for the situation you are to perform

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NAME: ______________________________ DATE: ______________

☐ Routine Count ☐ Discrepancy Count

HOE

CHECK LIST
FOR
COUNTING NARCOTICS & CONTROLLED DRUGS

MASTER TEST

U	S		
____	____	1.	Obtains proper equipment for counting medication
____	____	2.	Procures qualified assistance for count
____	____	3.	Unlocks medication area correctly
____	____	4.	Washes hands according to proper technique
____	____	5.	Identifies medications correctly for each one counted
____	____	6.	Counts medication correctly (according to method used on form of medication)
____	____	7.	Verifies each medication counted with partner
____	____	8.	Re-affirms count - if discrepancy
____	____	9.	Re-counts medication and gives second count *
____	____	10.	Checks sign out record for possible errors *
____	____	11.	Checks doctor's orders and medication sheets in order to locate discrepancy *
____	____	12.	Corrects discrepancy in proper manner *
____	____	13.	Verifies and/or reports correct count on written form

GO ON TO PAGE 3

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HOE

MASTER TEST

CHECK LIST
FOR
COUNTING NARCOTICS & CONTROLLED DRUGS

U	S		
		14.	Reports to superior if unable to resolve discrepancy *
		15.	Locks facilities and tidies medication area
		16.	Sequences steps of task correctly
		17.	Maintains medical asepsis throughout task
		18.	Meets time limits *
		19.	Maintains 100% accuracy on check list

* if applicable

SCORE ____________________

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NAME: ______________________________ DATE: ____________

☐ Routine Count ☐ Discrepancy Count

CHECK LIST
FOR
COUNTING NARCOTICS & CONTROLLED DRUGS

MASTER TEST

U	S		
_____	_____	1.	Obtains proper equipment for counting medication
_____	_____	2.	Procures qualified assistance for count
_____	_____	3.	Unlocks medication area correctly
_____	_____	4.	Washes hands according to proper technique
_____	_____	5.	Identifies medications correctly for each one counted
_____	_____	6.	Counts medication correctly (according to method used on form of medication)
_____	_____	7.	Verifies each medication counted with partner
_____	_____	8.	Re-affirms count - if discrepancy
_____	_____	9.	Re-counts medication and gives second count *
_____	_____	10.	Checks sign out record for possible errors *
_____	_____	11.	Checks doctor's orders and medication sheets in order to locate discrepancy *
_____	_____	12.	Corrects discrepancy in proper manner *
_____	_____	13.	Verifies and/or reports correct count on written form

GO ON TO PAGE 5

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HOE

CHECK LIST
FOR
COUNTING NARCOTICS & CONTROLLED DRUGS

MASTER TEST

U	S	
_____	_____	14. Reports to superior if unable to resolve discrepancy *
_____	_____	15. Locks facilities and tidies medication area
_____	_____	16. Sequences steps of task correctly
_____	_____	17. Maintains medical asepsis throughout task
_____	_____	18. Meets time limits *
_____	_____	19. Maintains 100% accuracy on check list

* if applicable

SCORE ________________________

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HOE

INSTRUCTIONS

UPON COMPLETION
OF THE
MASTER TEST

1. Check with your teacher to see if you passed the master test.

2. If you passed the master test for this module, consult the schedule for the area of study you should start next.

3. If you did not pass the master test, see your teacher to find out how you should proceed.

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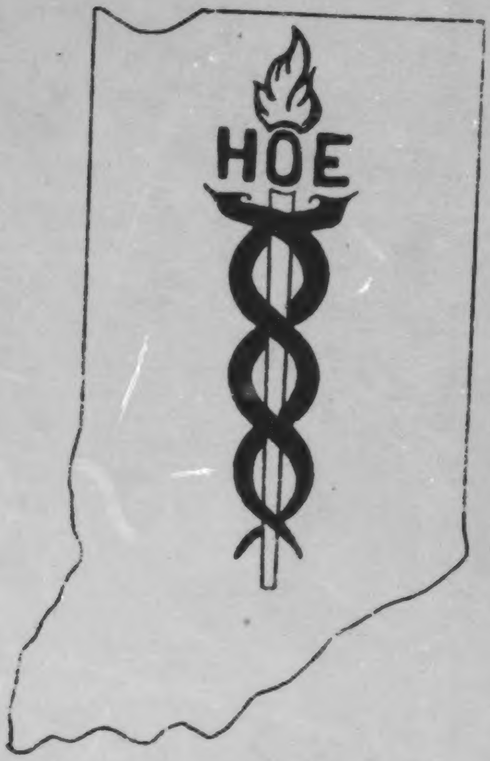
HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2



A - 9 - 26

APPLY A TOPICAL MEDICATION FOR A PATIENT

MODULE

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APPLY A TOPICAL MEDICATION FOR A PATIENT

GOAL

Although the oral route of administering medications is the most common, in some instances it is not the most affective. In the case of certain skin irritations, diseases of the skin, or the need for medication to tissues just below the skin, the best method of administration may be that of applying the medication directly to the surface of the skin. (topically)

This module will enable the health care worker assigned to medications to:

1. incorporate the overall principles of medication administration while applying topical medication
2. utilize the principles of applying topical medications
3. apply topical medication correctly for various medication forms and desired results
4. alter the application of topical medication to meet the needs of the patient
5. record the application of topical medication accurately

TURN TO NEXT PAGE

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INSTRUCTIONS

USE OF LEARNING MODULE

1. Check the list of pre-requisites for this module on page 1 to make certain you are ready for this module.

2. Read through the objective on page 2 so that you know what you are expected to do upon completing this module.

3. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

4. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

5. If you do not wish to take the master test, turn to the list of activities on pages 3 and 4. Take a few moments to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

GO ON TO PAGE 1

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APPLY A TOPICAL MEDICATION FOR A PATIENT

PRE-REQUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study or performances:

1. Drape A Patient For A Necessary Task
2. Open Sterile Packages To Obtain Sterile Supplies For A Patient
3. Change A Dressing For A Patient

4 - 26. All pre-requisite areas listed for # A-9-23, "Prepare Oral Medication For A Patient"

27. # A-9-23, "Prepare Oral Medication For A Patient"

28 - 33. All pre-requisite areas listed for # A-9-24, "Administer Oral Medication To A Patient"

34. # A-9-24, "Administer Oral Medication To A Patient"

* *

If you have completed all of these areas of study

GO ON TO PAGE 2

If you have not completed all of these areas of study

SEE YOUR TEACHER

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APPLY A TOPICAL MEDICATION FOR A PATIENT

Your objective for this task consist of two (2) parts as follows:

OBJECTIVE

1. Given a topical medication to apply, the proper supplies and equipment, a student partner, and a check list for "Application of a Topical Medication", you will:
    - a. assemble the appropriate supplies and/or equipment
    - b. apply the topical medication
    - c. record and/or report the application with observations
    - d. perform the application within 15 minutes
    - e. maintain 100% accuracy in all points with (*) on check list
    - f. maintain at least 75% accuracy in remaining points of check list
2. Given 1 of 4 possible situations (not routine) in which you are to apply a topical medication, the proper supplies and equipment, a student partner, and a check list for "Application of a Topical Medication", you will:
    - a. assemble appropriate supplies and/or equipment
    - b. alter the steps of the application to meet the situation
    - c. apply the topical medication
    - d. record and/or report the topical application with observation
    - e. perform the application in a reasonable period of time (teacher's discretion)
    - f. maintain 100% accuracy in all points with (*) on check list
    - g. maintain at least 75% accuracy in remaining points of check list

GO ON TO PAGE 3

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HOE

ACTIVITIES

INSTRUCTIONS

1. PREFERRED TEXT:

   Nursing Skills for the Allied Health Services, Vol. 3, pages 124 - 126. If this text is not available, check the teacher's list for other references. Read one of the references before going to class.

2. TEACHER LECTURE:

   "Principles of Applying A Topical Medication"
   Check the bulletin board for the time(s) of the lecture. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location). An outline of the lecture can be found on pages 5 - 7.

3. TEACHER DEMONSTRATION:

   "How to Apply A Topical Medication"
   Check the bulletin board for the time(s) of the demonstration. If it is given more than once, you may sign up for the time of your choice. You are responsible for knowing the time and location of the correct demonstration. An outline of the demonstration can be found on pages 8 - 12.

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HOE

ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT:
"Applying A Topical Medication"
To help you in your ability to apply a topical medication, you will find a specific assignment on pages 15 - 21. Do this assignment only after you have heard the lecture and seen the demonstration (unless you have the teacher's permission to do so). Check the schedule for your assigned laboratory time and location.

5. STUDENT PARTNER:
It is necessary that you practice in the laboratory with a student partner acting as your patient for the topical application. It may be necessary to have a second partner observe the check list while you practice. Working together is usually the best way for all to learn.

6. MASTER TEST:
All activities should be completed before taking the "master test". Instructions for it are found on page 1 of the master test.

TEXT ASSIGNMENT	TO PAGE	3
LECTURE OUTLINE	TO PAGE	5
DEMONSTRATION OUTLINE	TO PAGE	8
LABORATORY ASSIGNMENT	TO PAGE	15

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HOE

LECTURE OUTLINE

ACTIVITIES

As you listen to the lecture on "Principles of Applying A Topical Medication" be sure to note the following:

1. Individual Limitations Regarding Application of Topical Medication
    - a. level of health workers
    - b. combination of topical application with other tasks (e.g., errigations, total sterile technique etc.)
2. Incoporation of Overall Principles of Medication Administration to Topical Application
    - a. proper storage
    - b. medical asepsis
    - c. verification of order
    - d. five (5) rights of medication administration
3. Specific Principles of Topical Medication
    - a. correct form of topical medication
        - (1) ointment
        - (2) lotion
        - (3) liniment
    - b. proper equipment and/or supplies needed (dependent upon drug form)
    - c. purpose of medication being applied
    - d. general effects and side-effects of medication

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LECTURE OUTLINE

ACTIVITIES

4. Supplies Necessary For Application of Topical Medication
   - a. patient's chart
   - b. Kardex
   - c. medication card (if applicable)
   - d. keys for medication storage area
   - e. medication storage area
   - f. medicine tray
   - g. correct topical medication
   - h. supplies for lotion or liniment
     - (1) sterile gauze square or cotton balls
     - (2) sterile glove
     - (3) bag or paper for discarding soiled supplies
   - i. supplies for ointment
     - (1) sterile tongue blade
     - (2) dressing supplies as needed (e.g. 4X4's, tape, Kardex, etc.)
     - (3) bag or paper for discarding soiled supplies

5. Major Factors In Applying Topical Medication
   - a. position of patient
     - (1) good visualization of area
     - (2) proper alignment
     - (3) ease of application

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LECTURE OUTLINE

ACTIVITIES

5. continued
    - b. correct method for type of medication
        - (1) spread ointments (directly on area if possible)
        - (2) swab lotions
        - (3) rub liniments
    - c. sequence of steps
        - (1) maintain asepsis
        - (2) conserve energy and supplies
        - (3) remember other tasks that may be combined with application
    - d. consider needs of patient
        - (1) priority of needs (e.g., may be choking, need aspirated, etc.)
        - (2) safety factors
        - (3) patient comfort (e.g. pain, need to eliminate etc.)

6. Importance of Accurate Records
    - a. medication applied - area etc.
    - b. other tasks - dressings etc.
    - c. observations made before, during, and after application (many times reactions to topical medications)

DEMONSTRATION OUTLINE TO PAGE 8
LABORATORY ASSIGNMENT TO PAGE 15

DEMONSTRATION OUTLINE

ACTIVITIES

As you watch the demonstration be sure to observe the following:

A. Steps In Applying A Lotion

1. Verify the order for the medication, dosage, made of administration, time and site
2. At the appropriate time proceed with task
3. Go to medication storage area and unlock
4. Wash hands in adjacent facilities
5. Obtain the topical medication and verify it with the doctor's order
6. Place the topical medication on medicine tray and secure medication area (if medication kept in patient's unit omit steps 5 and 6)
7. From supply area obtain sterile gauze squares or cotton balls, a sterile glove and a bag or paper for discarding soiled supplies and place on tray
8. Take medication tray with supplies and medication to patient's assigned unit
9. Establish patient's identity (by name band or method for agency)
10. Explain to patient the task you are going to perform (if unable to communicate, inform superior and proceed cautiously

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DEMONSTRATION OUTLINE

ACTIVITIES

11. If patient has prior needs, care for them according to your own abilities
12. Position patient as needed for topical application (if up, return to bed if indicated)
13. Drape patient with area to be medicated exposed (if area is extremely large - expose only small portion at a time)
14. Remove any old dressings if necessary
15. Wash hands in adjacent facilities if indicated
16. Make final verification of medication, dosage, time method of administration and area of application
17. Open the container of medication and place cap upside down on tray
18. Open the sterile gauze or cotton balls, preventing contamination
19. Open sterile glove and place on the hand you will be using to apply topical medication
20. With gloved hand, pick up several gauze squares or cotton balls
21. With ungloved hand, pick up container of topical medication (label up)
22. Pour enough medication on gauze or cotton balls to cover affected area, or at least a portion of it (do not allow medication to drop from guaze or cotton)

GO ON TO PAGE 10

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DEMONSTRATION OUTLINE

ACTIVITIES

A. continued

23. Swab or pat medication gently on affected area - DO NOT RUB (observe the skin for over-all appearance while applying medication)

24. Continue steps 20 - 23 until all of affected area has been medicated sufficiently (change gauze squares or cotton balls as needed)

25. Discard all soiled gauze or cotton into disposal bag or paper - as used

26. If necessary re-position drape and continue steps necessary until entire area has had medication applied

27. When finished, remove glove and discard with soiled gauze cotton balls

28. Replace lid on medication container

29. Gather up all items to be taken from patient's unit

30. Make patient comfortable and safe; secure call bell

31. Take all unnecessary items from patient's room and dispose accordingly

32. Chart application of medication, any dressings and all observations made before, during, and after application of topical medication

B. Steps In Applying A Liniment

1 - 22. Same as steps 1 - 22 for "Application of Lotion"

23. Since liniments are to penetrate to deeper tissues- RUB the medication in a circular fashion - but not too hard

24 - 32. Same as steps 24-32 for "Application of Lotion"

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

C. Steps In Applying An Ointment

1 - 6. Same as steps 1 - 6, "Applying A Lotion"

7. From supply area obtain sterile tongue blade(s), any dressing materials needed e.g., 4 X 4's, tape or Kardex and a bag or paper for disposal of soiled supplies and place on tray

8 - 17. Same as steps 8 - 17, "Applying A Lotion"

18. Open a sterile tongue blade correctly - making certain not to touch one end

19. Squeeze or scoop ointment onto the sterile end of the tongue blade - using amount needed

20. Apply the ointment to the designated area with gentle, firm strokes (work in a pattern - circular, horizontal or vertical) forming a thin layer over affected area

21. Continue to apply ointment until entire area is covered - if more ointment is needed - squeeze from container onto tube, without touching; if jar, obtain new blade for each amount of ointment

22. When finished with tongue blade - break and discard in appropriate bag or paper

23. Apply sterile dressing as indicated and secure with appropriate tape or fastener

24 - 28. Same as steps 27 - 32, "Applying A Lotion"

LABORATORY ASSIGNMENT TO PAGE 12

TOPICAL MEDICATION APPLICATION

INSTRUCTIONS

1. During your scheduled laboratory time:
    - a. have your partner be your patient
    - b. select at least two of the patient situations on pages 14 and 15
    - c. find the corresponding Kardex card for your situations on pages 16 and 17
    - d. follow the performance check list on pages 18 and 19
    - e. select at least two of the complicated patient situation on pages 20 and 21 and follow the instructions given with each
    - f. follow the performance check list on pages 18 and 19
    - g. have a third person observe you during your performance if necessary
    - h. be sure to keep in mind those principles, factors, and methods given in the lecture and demonstration
2. Be a patient for your partner and, if necessary, observe others applying topical medications

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TOPICAL APPLICATION SITUATIONS

ACTIVITIES

# 1. Susan Bateman, age 19, was admitted to Room 654 of the medical ward for an acute case of Poison Ivy. She had been on a picnic the day before and had noticed some itching around her left ankle and lower leg. However, she had picked some wild flowers and smelled the fragrance later in the evening. During the night her face, hands, and arms had swollen so badly that her eyes were swollen shut and she could hardly move her fingers. The doctor ordered medication to be given orally, topically and by injection. You are to apply the topical medication.

# 2. Amos Thompson, age 49, was admitted to Room 723 of the diagnostic ward for tests. He has been experiencing a number of unpleasant symptoms e.g. extreme thirst, sweating at night, itching of the skin, weight loss, and boils on different areas of the body, especially around the neck. The doctor has ordered many tests to be done plus medication to be given orally and topically. You are to apply the topical medication.

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822

ACTIVITIES

TOPICAL APPLICATION
SITUATIONS

# 3. Albert Larson, age 62, was admitted to Room 249 of the orthopedic unit. He is a farmer who has spent the past 3 - 4 weeks getting his crops in and fertilized. Upon admission he stated he had been experiencing moderate pain in his back and left shoulder for about 4 days. When he attempted to lift the container of fertilizer this morning, he had severe pain and could not raise his left arm due to the pain in his shoulder. The doctor admitted him for rest and studies and ordered medication orally and topically. You are to apply the topical medication.

#4 Miranda Goodman, age 75, was admitted to Room 418 in the geratric unit 10 days ago. She had suffered a stroke and is completely paralyzed on the right side. The nurses are having a difficult time keeping her off her back. She begs to be on her back. Yesterday the nurse noted a small decubitus starting directly over her tail bone. The doctor has ordered medication orally, intramuscularly, and topically. You are to apply the topical medication.

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TOPICAL APPLICATION

KARDEX

ACTIVITIES

Medications:
Solu-Cortef 10 mg 1.m. bid. 9 am - 6 pm
Temaril 10 mg 0" qid 8 am - 1 pm - 5 pm - 9 pm

Caladryl lotion tid 9 am - 1 pm - 6 pm to Ⓛ
ankle and lower leg

Diagnosis: Acute Contact Dermatitis (Poison Ivy)

654 Bateman, Susan Age: 19 Physician: Dr. Koch

SITUATION # 1

Medications:
Librium 5 mg cap. tid 9 am - 1 pm - 6 pm
Ilotycin 250 mg cap q 6 hr.12 mid. 6 am 12 noon 6 pm
Garamycin ointment to boils on neck
bid 9 am 6 pm sterile dressing applied

Diagnosis: Boils on neck & possible Diabetes Mellitus

723 Thompson, Amos Age: 49 Physician: Dr. James

SITUATION # 2

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TOPICAL APPLICATION

KARDEX

ACTIVITIES

Medications:

Soma "O" 350 mg qid 8 am 1 pm 5 pm 9 pm

A.S.A. 2 Gm. q 4hr prn for pain - not to exceed
10 Gm per day

Methyl Salicylate (Oil of Wintergreen)
apply topically bid 9 am 6 pm
RUB GENTLY

Diagnosis: Rheumatoid Arthritis - Back & L Shoulder

249 Larson, Albert Age: 62 Physician: Dr. Berry

SITUATION # 3

Medication:

Aldomet "O" 250 mg qid 8 am 1 pm 5 pm 9 pm

Multicebrin cap ī daily 9 am

Imferon 2.cc 1.M. q.o.d. 9 am

Kenalog ointment to decubitus on lower
Sacrum and coccyx daily

Diagnosis: Cerebral Vascular Accident c̄ Ⓡ Hemiplegia

418 Goodman, Miranda Age: 75 Physician: Dr. Marsh

SITUATION # 4

GO ON TO PAGE 17

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HOE

CHECK LIST
FOR
TOPICAL APPLICATION OF MEDICATION

ACTIVITIES

U	S		
_____	_____	1.	Verifies order with factor's order on Kardex and/or patients' chart *
_____	_____	2.	Obtains keys for medication area and unlocks
_____	_____	3.	Washes hands before proceeding *
_____	_____	4.	Verifies label of medication with medication card or Kardex *
_____	_____	5.	Assembles appropriate supplies and/or equipment for topical application
_____	_____	6.	Identifies patient in correct manner *
_____	_____	7.	Explains task to patient
_____	_____	8.	Verifies medication at bedside *
_____	_____	9.	Prepares patient as needed for topical application
_____	_____	10.	Adjusts task to needs of patient *
_____	_____	11.	Maintains medical asepsis throughout topical application *
_____	_____	12.	Observes patient before, during, and after topical application
_____	_____	13.	Applies topical medication correctly *

GO ON TO PAGE 18

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HOE

CHECK LIST
FOR
TOPICAL APPLICATION OF MEDICATION

ACTIVITIES

U S

_____ _____ 14. Maintains safety factors for patient during task *

_____ _____ 15. Makes patient comfortable after application

_____ _____ 16. Cleans up patient area after application

_____ _____ 17. Records and/or reports application accurately with observations *

_____ _____ 18. Recognizes limitations in regard to application of topical medication *

_____ _____ 19. Completes application within proper time span *

* must maintain 100% accuracy on these points

GO ON TO PAGE 19

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HOE

ACTIVITIES

COMPLICATED TOPICAL APPLICATED SITUATIONS

# 1. Susan Bateman in Room 654, has been a patient for 5 days for her acute Poison Ivy. When the doctor visited her today, he noted that the swelling on her hands and right arm had decreased, but Susan was having severe itching in these areas. Today he ordered the Caladryl Lotion be applied to both hands and the entire right arm, as well as her left ankle and lower leg. You are to apply the topical medication according to the new order.

# 2. Amos Thompson, age 49, in Room 723, has been hospitalized for 2 days. He is feeling some better, but the night shift reported that he stated the area on his neck, that was being treated, had bothered him a great deal during the night. He had experienced burning and itching and asked them to remove the bandages. The night nurse had told him it would be better to wait until it was time for the medication to be put on. You are to apply the topical medication.

GO ON TO PAGE 20

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COMPLICATED TOPICAL APPLICATED SITUATIONS

ACTIVITIES

3. Albert Larson, age 62, had been admitted on the day shift. When you came on duty for evening the report nurse informed you that Mr. Larson was having so much pain it was difficult for him to move. Shortly after the evening meal, 5:45 p.m., the aide informs you that Mr. Larson is on his left side and cannot move. He is asking for pain medication and wonders if he can have help to turn, it is time for her to go off duty. You are to apply Mr. Larson's topical medication and assist him in any way possible.

4. Miranda Goodman, age 75, has been in the hospital for 3 weeks now. She is improving, but the decubitus on her tail bone has not completely healed. You are on medications for the day shift. You are to apply the topical medication for Mrs. Goodman. As you enter her unit, you find her in the wheel chair from eating breakfast. You are to apply the topical medication and assist in anyway to make certain she is in the proper position for application.

GO ON TO PAGE 21

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities.

2. If all activities are completed and you feel you have reached the objective, tell your teacher you are ready for the "Master Test".

3. If all activities are completed and you do not feel ready to take the "Master Test", see your teacher.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2

# A - 9 - 26

APPLY A TOPICAL MEDICATION FOR A PATIENT

MASTER TEST

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Copyright, 19831

APPLY TOPICAL APPLICATION FOR A PATIENT

MASTER TEST

INSTRUCTIONS

1. Inform your teacher you are ready for the master test and sign up on the appropriate schedule (you are responsible for being present at the proper location at the right time).

2. This test consists of two (2) parts:
   a. apply a topical medication for a patient in a routine situation
   b. apply a topical medication for a patient in 1 of 4 possible complicated situations

3. A check list for each part of the test is provided in this booklet. Write your name on each one.

4. When you go to the test area, turn the booklet to page 2 and give it to your teacher.

5. You will draw for the situations that you perform.

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NAME: ______________________________ DATE: ________________

☐ Regular Situation ☐ Complicated Situation

MASTER TEST

CHECK LIST
FOR
TOPICAL APPLICATION OF MEDICATION

U S

_____ _____ 1. Verifies order with factor's order on Kardex and/or patients' chart *

_____ _____ 2. Obtains keys for medication area and unlocks

_____ _____ 3. Washes hands before proceeding *

_____ _____ 4. Verifies label of medication with medication card or Kardex *

_____ _____ 5. Assembles appropriate supplies and/or equipment for topical application

_____ _____ 6. Identifies patient in correct manner *

_____ _____ 7. Explains task to patient

_____ _____ 8. Verifies medication at bedside *

_____ _____ 9. Prepares patient as needed for topical application

_____ _____ 10. Adjusts task to needs of patient *

_____ _____ 11. Maintains medical asepsis throughout topical application *

_____ _____ 12. Observes patient before, during, and after topical application

_____ _____ 13. Applies topical medication correctly *

GO ON TO PAGE 3

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CHECK LIST
FOR
TOPICAL APPLICATION OF MEDICATION

MASTER TEST

U	S	
_____	_____	14. Maintains safety factors for patient during task *
_____	_____	15. Makes patient comfortable after application
_____	_____	16. Cleans up patient area after application
_____	_____	17. Records and/or reports application accurately with observations
_____	_____	18. Recognizes limitations in regard to application of topical medication *
_____	_____	19. Completes application within proper time span *

* must maintain 100% accuracy on these points

* SCORE ________________

(others) SCORE ________________

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NAME: ______________________________ DATE: __________________

☐ Regular Situation ☐ Complicated Situation

CHECK LIST
FOR
TOPICAL APPLICATION OF MEDICATION

MASTER TEST

U	S		
		1.	Verifies order with factor's order on Kardex and/or patients' chart *
		2.	Obtains keys for medication area and unlocks
		3.	Washes hands before proceeding *
		4.	Verifies label of medication with medication card or Kardex *
		5.	Assembles appropriate supplies and/or equipment for topical application
		6.	Identifies patient in correct manner *
		7.	Explains task to patient
		8.	Verifies medication at beside *
		9.	Prepares patient as needed for topical application
		10.	Adjusts task to needs of patient *
		11.	Maintains medical asepsis throughout topical application *
		12.	Observes patient before, during, and after topical application
		13.	Applies topical medication correctly *

GO ON TO PAGE 5

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MASTER TEST

CHECK LIST
FOR
TOPICAL APPLICATION OF MEDICATION

U	S	
_____	_____	14. Maintains safety factors for patient during task *
_____	_____	15. Makes patient comfortable after application
_____	_____	16. Cleans up patient area after application
_____	_____	17. Records and/or reports application accurately with observations
_____	_____	18. Recognizes limitations in regard to application of topical medication *
_____	_____	19. Completes application within proper time span *

* must maintain 100% accuracy on these points

* SCORE ____________

(others) SCORE ____________

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HOE

INSTRUCTIONS

UPON COMPLETION
OF THE
MASTER TEST

1. Check with your teacher to see if you passed the master test.

2. If you passed the master test for this module, consult the schedule for the area of study you should start next.

3. If you did not pass the master test, see your teacher to find out how you should proceed.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2

STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

STATE OF INDIANA

A - 9 - 27

"INSTILL EYE MEDICATION FOR A PATIENT"

MODULE

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INSTILL EYE MEDICATION FOR A PATIENT

HOE

GOAL

When medications are used in the treatment or diagnosis of eye disorders, there are times when the medication must be placed directly on or near the surface of the eye. This process is referred to as "instilling" eye medication. In order for the medication to be affective, different forms and types of eye medications may require different methods of instillation. Every health care worker who administers medications must be able to instill eye medications correctly for the patient to have the maximum benefits from those medications.

This module will enable the health care worker who administers medications to:

1. recognize individual limitations in regard to eye medications
2. incorporate the principles of eye medications correctly
3. prepare eye medications correctly
4. organize the instillation of eye medications to meet the needs of the patient
5. instill eye medications correctly
6. record the instillation of the eye medication and observations of the patient accurately

TURN TO NEXT PAGE

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USE OF LEARNING MODULE

INSTRUCTIONS

1. Check the list of pre-requistes for this module on page 1 to make certain you are ready for this module.

2. Read through the objective on page 2 so that you know what you are expected to do upon completing this module.

3. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

4. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

5. If you do not wish to take the master test, turn to the list of activities on pages 3 and 4. Take a few minutes to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

GO TO PAGE 1

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INSTILL EYE MEDICATIONS FOR A PATIENT

PRE-REQUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study or performance:

1. All areas of study numbered # A-9-1 through # A-9-22
2. All pre-requisite areas listed for modules # A-9-23 and # A-9-24
3. Modules # A-9-23 and # A-9-24

* *

If you have completed all of these areas of study or performance GO ON TO PAGE 2

If you have not completed all of these areas of study or performance SEE YOUR TEACHER

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INSTILL EYE MEDICATION FOR A PATIENT

HOE

Your objective for this task consists of two (2) parts as follows:

OBJECTIVE

1. Given 1 of 2 routine situations, a student partner (or mannequin) in a school laboratory, access to the proper equipment, simulated eye medication and a proper check list, you will:
   - a. assemble the appropriate supplies and/or equipment
   - b. instill the eye medication
   - c. record and/or report the eye instillation with observation
   - d. perform the instillation within 15 minutes
   - e. maintain 100% accuracy in all points marked with (*) on check list
   - f. maintain 75% accuracy in all other points on check list
2. Given 1 of 2 situations (not routine) in which you are to instill an eye medication, a student partner (or mannequin) in a school laboratory, access to the proper equipment, simulated eye medication, and a proper check list, you will:
   - a. assemble the appropriate supplies and/or equipment
   - b. alter the steps of the instillation to meet the situation
   - c. instill the eye medication
   - d. record and/or report the eye instillation with observation
   - e. perform the instillation within a resonable period of time (teacher's discretion)
   - f. maintain 100% accuracy in all points marked with an (*) on check list
   - g. maintain 75% accuracy in all other points on check list

GO ON TO PAGE 3

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ACTIVITIES

INSTRUCTIONS

1. PREFERRED TEXT:

   Nursing Skills for the Allied Health Services, Vol. 3, pages 180-182. (If this text is not available, check the teacher's list for other references). Read one of the references before going to class.

2. TEACHER LECTURE:

   "Principles of Instilling Eye Medications"
   Check the bulletin board for the time(s) of the lecture. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location). An outline of the lecture can be found on pages 5 and 6.

3. TEACHER DEMONSTRATION:

   "How To Instill Eye Medications"
   Check the bulletin board for the time(s) of the demonstration. If it is given more than once, you may sign up for the time of your choice. You are responsible for knowing the time and location of the correct demonstration. An outline of the demonstration can be found on pages 7 - 12.

GO ON TO PAGE 4

ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT:

"Instilling Eye Medications For A Patient"
To help you in your ability to instill eye medications, you will find a specific assignment on pages 13-19. Do this assignment only after you have heard the lecture and seen the demonstration (unless you have the teacher's permission to do so). Check the schedule for your assigned laboratory time and location.

5. STUDENT PARTNERS:

It is recommended that you practice in the laboratory with a student partner as your patient. Whether a student partner or a mannequin is to be used for the simulated instillation of eye medication, your teacher will give you guidance as to how you are to proceed. If a student partner is used as a patient, it may be necessary to have a second partner observe the check list while you practice. Working together is usually the best way for all to learn.

6. MASTER TEST:

All activities should be completed before taking the "master test." Instructions for it are found on page 20.

TEXT ASSIGNMENT PAGE 3
LECTURE OUTLINE PAGE 5
DEMONSTRATION OUTLINE PAGE 7
LABORATORY ASSIGNMENT PAGE 13

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HOE

LECTURE OUTLINE

ACTIVITIES

As you listen to the lecture, be sure to note the following points:

1. Recognize Any Limitations Regarding Eye Medications
   - a. other related nursing tasks - i.e. eye dressings, isolated patient, eye irrigation, etc.
   - b. inability to incorporate proper methods - i.e. resistive patient, improper position, etc.

2. Incorporate Overall Principles of Medication Administration
   - a. proper storage
   - b. medical asepsis
   - c. verification of order
   - d. 5 rights of medication administration

3. Incoporate Principles of Eye Medication
   - a. definitely opthÃ³lmic medication
   - b. correct form of medication
   - c. proper equipment needed
   - d. purpose of medication being instilled and general effects and side effects

4. Sequence Steps Correctly For Instillation and Needs of Patient (see demonstration)

5. Instill Medication Correctly
   - a. correct position of patient for situation
   - b. correct instillation for type of medication i.e. - drops or ointment
   - c. incorporate safety factors for patient

GO ON TO PAGE 6

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LECTURE OUTLINE

ACTIVITES

6. Record and/or Report Accurately
   - a. medication, dosage, time, method and mode of administration
   - b. observations before, during, and after instillation

7. Suggestions and Precautions For Eye Medications
   - a. human eye extremely sensitive
     many people resist instillation
     patient comfort is important
   - b. stress factors with eye disorders are common- patient may be emotional - proceed slowly
   - c. eye infections are easily contracted - strict asepsis important
   - d. watch carefully for adverse affects - common ones include:
     - (1) moderate to severe itching
     - (2) swelling of eye lids or lining of eye
     - (3) visual distrubances i.e. blurred vision or sensitivity to light
     - (4) feeling of pressure in eye
   - e. if medication not optholomic DO NOT USE

     EXCHANGE !!

DEMONSTRATION OUTLINE PAGE 7

LABORATORY ASSIGNMENT PAGE 13

HOE

DEMONSTRATION OUTLINE

ACTIVITIES

As you watch the demonstration, be sure to observe the following:

A. Steps In Instilling Liquid Eye Medication

1. Verify the medication order for dosage, mode of administration, time of administration and area of instillation
2. At the appropriate time proceed to assemble articles for eye instillation
3. Go to the medication area and unlock it
4. Wash your hands in adjacent facilities
5. Obtain the proper eye medication and verify the label with the doctor's orders - make certain it is Optholmic medication
6. Place the eye medication on the medicine tray and secure the medication area
7. Obtain clean cotton balls or tissues, eye dropper if necessary, and place on the medication tray
8. Take the medication tray with necessary collected items to the patient's assigned unit
9. Establish the patient's identity
10. Explain to the patient what you are going to do
11. Place patient in dorsal recumbent position in bed or sitting position in chair according to desires and/or capabilities

GO ON TO PAGE 8

HOE

DEMONSTRATION OUTLINE

ACTIVITIES

12. Adjust bed to accomodate your height or position patient's chair so you will not be in a strain
13. Verify medication, dosage, time, method and mode of administration
14. Draw up medication into eye dropper
15. Ask patient to look upward
16. Pull down lower lid of eye in which medication is to be instilled, with hand not holding eye dropper
17. Introduce the designated dosage of medicine onto the center of the lower extended eyelid-without touching the eye dropper on surface of the eye or eyelid
18. Return the eye dropper to the medication bottle (do not touch on sides of bottle)
19. Ask the patient to close eye gently (or close for patient)
20. If medication is of a poisonous nature (example, atropine) place your thumb over the inner cannula (canthur) a minute to prevent medication from getting into the tear duct
21. Gently remove any excess medication from eye with cotton ball or tissue and discard same
22. Make patient comfortable and safe
23. Return medication tray, with medication to proper place, clean and store
24. Record and/or report instillation of eye medication and any observations made before, during, or after task

GO ON TO PAGE 9

DEMONSTRATION OUTLINE

ACTIVITIES

B. Steps In Instilling Optholmic Ointments

1 - 13. Same as Steps #1 - 13 for instilling eye drops

14. Remove cap from ointment tube, invert upward and lay on table

15. Ask patient to look upward

16. Pull down lower lid of eye in which medication is to be instilled, with hand not holding ointment tube

17. Instill a thin ribbon of ointment along the entire length of the extended lower lid - from inner corner (conthus) to outer corner (conthus)

18. When finished, twist tube with a lateral movement of the wrist to stop flow of ointment

19. Recap the tube of ointment and lay tube on medicine tray

20. Ask the patient to close eye gently (or close for patient)

21. Ask the patient to roll eyeball around to insure entire eyeball is covered with medication

22 - 25. Same as steps #21 - 24 for instilling eye drops

GO ON TO PAGE 10

DEMONSTRATION OUTLINE

ACTIVITIES

C. Steps For Handling Contaminated Eye Dropper or Ointment Tube

1. If medicine dropper is contaminated while eye medication being instilled, lay aside immediately (discard or have re-sterilized)
2. Obtain sterile eye dropper, open properly - finish instillation if needed or return to medication bottle
3. If contaminated eye dropper is accidently placed into the bottle of medicine - discard the medication and order a fresh supply for the patient
4. If open end of ointment tube is contaminated - squeeze out additional ointment - scrape or wipe off with sterile tongue blade or gauze square
5. If cap is accidently replaced to contaminated ointment tube without doing step #4 above - discard the medication and order a fresh supply for the patient

D. Steps For Proceeding When There Are Related Tasks to Eye Medication

1. If there is a dressing over the eye to be medicated DO NOT PROCEED unless you are qualified in changing dressings
2. If you are qualified in dressing
    a. obtain supplies for eye dressing
    b. proceed through steps #1-13 for instilling eye drops or optholmic ointment

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

D. con't.

- c. remove the old dressing in the proper manner
- d. wash your hands
- e. proceed with steps
  #14-21 for eye drops or
  #14-22 for optholmic ointment
- f. replace eye dressing if indicated
- g. proceed with steps
  #22-24 for eye drops or
  #23-25 for optholmic ointment

3. If you are not qualified in dressing ask your teacher to perform steps a., c., d., and f., of #2 listed above

4. If the eye being medicated is to be irrigated before the medication is instilled, DO NOT PROCEED unless you are qualified in irrigating the eye.

5. If you are qualified in eye irrigation,
   - a. obtain supplies for eye irrigation
   - b. proceed through steps #1-13 for instilling eye medication
   - c. irrigate the eye according to standard procedure

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

D. con't.

5. con't.
   d. proceed with steps
      #14-24 for eye drops or
      #14-25 for optholmic ointment

6. If you are not qualified in eye irrigations, ask your teacher to perform steps a., and c., of #5 listed above

7. If there are other tasks related to the instillation of eye medication, consult with your teacher to determin how the situation should be handled.

LABORATORY ASSIGNMENT PAGE 13

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INSTILLING EYE MEDICATIONS

INSTRUCTIONS

1. During your scheduled laboratory time:
   a. have your partner assist you as a patient or as an observer * (your teacher will inform you if you are to protect your partner's eye(s) while performing eye instillation or use a mannequin)
   b. turn to the two (2) standard patient situations on page 14 and corresponding Kardex on page 15
   c. practice both situations using the corresponding Kardex
   d. follow the check list on pages 16 and 17
   e. turn to the two (2) complicated patient situations on page 18 and corresponding Kardex on page 19
   f. practice both situations using the corresponding Kardex
   g. follow the check list on pages 16 and 17
   h. be sure and keep in mind those factors given in the lecture and demonstration
2. Assist your partner in instillation of eye medication

(* if your partner acts as your patient, an additional classmate may be needed to follow the check list)

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PATIENT SITUATIONS

ACTIVITIES

Situation # 1

You are assigned to care for Mrs. Mabel Kirkwood in room #375. She is a 69 year old female who has been a patient in the nursing home for 3 months. She has had Diabetes Mellitus for a number of years. Her health is fairly good, but due to her failing eye sight and the recent death of her husband, she is no longer able to stay at home by herself. She is permitted to be up and about as she chooses. You are to instill her eye medication. (She is sitting in a chair when you enter the room).

Situation # 2

One of your patients is Mr. Paul Johnson in room #384. He has been in the hospital for two days. His face, lower arms, and hands are badly swollen. The doctor says the swelling is probably due to direct contact with either poison ivy or poison oak while he was trimming trees on his parents' farm. The admission notes state that he noticed severe itching which progressed to the swelling about an hour after he began his work. He also said he had rubbed his right eye a great deal with the heel of his right hand. The doctor has ordered bed rest with bathroom privileges and medication. You are to instill his eye medication.

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HOE

KARDEX CARDS
FOR
PATIENT SITUATIONS

ACTIVITIES

Medication:

3-12-77

Lente U-100 Insulin 45U daily @ 7:00 am

3-12-77

Pilocar 2% Optholmic Solution gtt ii
to each eye bid @ 9 am 5 pm

Diagnosis: Diabetes Mellitus c̄ Progressive Glaucoma

375 Kirkwood, Mabel Age: 69 Physician: Dr. J. Stone

Situation #1

Medication:

6-18-77
Neo-Cortef Ointment 1% tid 9-1-5
to face, neck and hands - apply gently

6-18-77

Neo-Cortef Optholmic Ointment 0.5% tid 9-1-5
to R eye

Diagnosis: Acute Contact Dermatitis at Face,
lower arms and hands

384 Johnson, Paul Age: 35 Physician: Dr. T. Wilson

Situation #2

GO ON TO PAGE 16

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CHECK LIST
FOR
INSTILLING EYE MEDICATIONS

ACTIVITIES

U S

_____ _____ 1. Verifies order with doctor's order on Kardex and/or patient's chart *

_____ _____ 2. Obtains keys for medication area

_____ _____ 3. Washes hands before proceeding *

_____ _____ 4. Verifies label on medication with medication card or Kardex *

_____ _____ 5. Assembles any additional appropriate supplies on medication tray

_____ _____ 6. Identifies patient in correct manner *

_____ _____ 7. Explains task to patient

_____ _____ 8. Alters task to needs of patient (if applicable) *

_____ _____ 9. Prepares patient as needed, for eye instillation

_____ _____ 10. Verifies medication at bedside *

_____ _____ 11. Maintains medical asepsis during eye instillation *

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HOE

CHECK LIST
FOR
INSTILLING EYE MEDICATION

ACTIVITIES

U S

_____ _____ 12. Observes patient during eye instillation *

_____ _____ 13. Instills eye medication correctly *

_____ _____ 14. Sequences steps of task for best performance

_____ _____ 15. Maintains safety factors for patient *

_____ _____ 16. Makes patient comfortable after application

_____ _____ 17. Cleans up after eye instillation

_____ _____ 18. Recognized limitations in regard to instillation or related tasks (if applicable) *

_____ _____ 19. Records and/or reports instillation and observations accurately *

_____ _____ 20. Completes instillation within 15 minutes (if applicable)*

* Must maintain 100% accuracy on these points

You may only miss 2 on all other points

GO ON TO PAGE 18

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COMPLICATED
PATIENT SITUATIONS

ACTIVITIES

Situation # 1

The second day you care for Mrs. Kirkwood, you are informed in report that she has developed an infection in her left eye. As of 6-22-77 the doctor has ordered her eye drops to the left eye cancelled for three days, the doctor then wishes to see the eye again. She is to have an antibiotic eye ointment instilled twice a day, into the left eye and a sterile dressing placed over the eye after each eye instillation for three days. You are to care for Mrs. Kirkwood's eyes according to your ability for 9:00 am on 6-22-77.

Situation # 2

On the fourth day of Mr. Johnson's hospitalization, (6-22-77) the doctor noted that Mr. Johnson's eye was not improving. He ordered his right eye be irrigated with normal saline solution to remove the ointment before the 9:00 am medication. The doctor then ordered a change in the eye medication. You are to care for Mr. Johnson's eye according to your ability for the 9:00 am time, June 22, 1977.

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KARDEX
FOR
COMPLICATED PATIENT SITUATIONS

ACTIVITIES

Medication:

3-12-77

Lente U-100 Insulin 45U daily @ 7:00 am

6-22-77

Pilocar 2% Optholmic Solution gH ~~ii~~ to
R eye only bid @ 9 am 5 pm until 9 am 6-25-77

6-22-77

Garamycin Optholmic Ointment bid 9 am 5 pm to
L eye X 3 days - apply sterile dressing each time
last dose 5 pm 6-24-77

Diagnosis - Diabetes Mellitus - Progressive Glaucoma

375 Kirkwood, Mabel Age:69 Physician: Dr. J. STone

Situation # 1

Medication:

6-18-77

Neo-Cortef Ointment 1% tid 9 am 1 pm 5 pm
to face, neck and hands - apply gently

6-22-77

Neo-Modrol Optholmic Ointment 0.1% tid
9 am 1 pm 5 pm to R eye

Diagnosis: Acute contact dermatitis of face,
lower arms, and hands

384 Johnson, Paul Age: 35 Physician: Dr. T. Wilson

Situation # 2

GO ON TO PAGE 20

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HOE

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities

2. If all activities are completed and you feel you have reached the objective, tell your teacher you are ready for the "master test"

3. If all activities are completed and you do not feel ready to take the "master test", see your teacher

Health Occupations Program Educators, Summer 1977, Phyllis Bilger, R.N.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2

STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATORS

STATE OF INDIANA

# A - 9 - 27

"INSTILL EYE MEDICATION FOR A PATIENT"

MASTER TEST

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INSTILL EYE MEDICATION FOR A PATIENT

MASTER TEST

INSTRUCTIONS

1. Sign up on the appropriate schedule for the master test

2. If you are to use a student partner as a patient, select a partner from the list of persons available at the time of your testing. (You are responsible for being present for your testing, with your partner, if indicated, at the proper time and place).

3. This test consists of two (2) parts:
    a. perform 1 of 2 possible routine eye irrigations and chart what you did and observe accurately
    b. perform 1 of 2 possible complicated eye irrigations and chart what you did and observe accurately

4. A check list for each part of the test is provided in this booklet. Write your name and the date on each one.

5. When you go to the testing area, turn the booklet to page 2 and give it to your teacher

6. When you perform the eye instillations your teacher will have you draw for the situations you are to perform

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NAME: ____________________ DATE: ______________

☐ Routine Eye Instillation ☐ Complicated Eye Instillation

CHECK LIST
FOR
INSTILLING EYE MEDICATION

MASTER TEST

U	S		
_____	_____	1.	Verifies order with doctor's order on Kardex and/or patient's chart *
_____	_____	2.	Obtains keys for medication area
_____	_____	3.	Washes hands before proceeding *
_____	_____	4.	Verifies label on medication with medication card or Kardex *
_____	_____	5.	Assembles any additional appropriate supplies on medication tray
_____	_____	6.	Identifies patient in correct manner *
_____	_____	7.	Explains task to patient
_____	_____	8.	Alters task to needs of patient (if applicable) *
_____	_____	9.	Prepares patient as needed, for eye instillation
_____	_____	10.	Verifies medication at bedside *
_____	_____	11.	Maintains medical asepsis during eye instillation *

GO ON TO PAGE 3

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NAME: ______________________ DATE: ____________

☐ Routine Eye Instillation ☐ Complicated Eye Instillation

CHECK LIST
FOR
INSTILLING EYE MEDICATION

MASTER TEST

U	S	
____	____	12. Observes patient during eye instillation *
____	____	13. Instills eye medication correctly *
____	____	14. Sequences steps of task for best performance
____	____	15. Maintains safety factors for patient *
____	____	16. Makes patient comfortable after application
____	____	17. Cleans up after eye instillation
____	____	18. Recognized limitations in regard to instillation or related tasks (if applicable) *
____	____	19. Records and/or reports instillation and observations accurately *
____	____	20. Completes instillation within 15 minutes (if applicable)*

* Must maintain 100% accuracy on these points

You may only miss 2 on all other points

SCORE * POINTS ____

SCORE OTHER POINT ____

FINAL SCORE ____

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NAME: ______________________ DATE: ____________

☐ Routine Eye Instillation ☐ Complicated Eye Instillation

HOE

CHECK LIST
FOR
INSTILLING EYE MEDICATION

MASTER TEST

U S

____ ____ 1. Verifies order with doctor's order on Kardex and/or patient's chart *

____ ____ 2. Obtains keys for medication area

____ ____ 3. Washes hands before proceeding *

____ ____ 4. Verifies label on medication with medication card or Kardex *

____ ____ 5. Assembles any additional appropriate supplies on medication tray

____ ____ 6. Identifies patient in correct manner *

____ ____ 7. Explains task to patient

____ ____ 8. Alters task to needs of patient (if applicable) *

____ ____ 9. Prepares patient as needed, for eye instillation

____ ____ 10. Verifies medication at bedside *

____ ____ 11. Maintains medical asepsis during eye instillation *

GO ON TO PAGE 5

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NAME: ______________________________ DATE: ________________

☐ Routine Eye Instillation ☐ Complicated Eye Instillation

CHECK LIST
FOR
INSTILLING EYE MEDICATION

MASTER TEST

U	S	
_____	_____	12. Observes patient during eye instillation *
_____	_____	13. Instills eye medication correctly *
_____	_____	14. Sequences steps of task for best performance
_____	_____	15. Maintains safety factors for patient *
_____	_____	16. Makes patient comfortable after application
_____	_____	17. Cleans up after eye instillation
_____	_____	18. Recognized limitations in regard to instillation or related tasks (if applicable) *
_____	_____	19. Records and/or reports instillation and observations accurately *
_____	_____	20. Completes instillation within 15 minutes (if applicable)*

* Must maintain 100% accuracy on these points

You may only miss 2 on all other points

SCORE * POINTS _____

SCORE OTHER POINTS _____

FINAL SCORE _____

Health Occupations Program Educators, Summer 1977, Phyllis Bilger, R.N.

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HOE

INSTRUCTIONS

UPON COMPLETION OF THE MASTER TEST

1. Check with your teacher to see if you passed the master test.

2. If you passed the master test for this module, consult the schedule for the area of study you should start next.

3. If you did not pass the master test, see your teacher to find out how you should proceed.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

PROJECT NUMBER: 16-76T-D-2

MODULE # A-9-28

INSTILL EAR MEDICATION FOR A PATIENT

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INSTILL EAR MEDICATION FOR A PATIENT

GOAL

If a patient is treated by medication for an ear disorder, the medication might be given by injection, orally or placed directly into the external ear canal (ear instillation). The instilling of ear medication is not difficult, but the basic steps and correct placement of the medication are essential to attain the best benefits possible.

This module will enable the health care worker assigned to medications to:

1. incorporate the overall principles of medication while instilling ear medication
2. employ the basic principles of instilling ear medications
3. instill ear medications correctly to meet individual differences
4. record the instillation of ear medications accurately

TURN TO NEXT PAGE

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HOE

USE OF LEARNING MODULE

INSTRUCTIONS

1. Check the list of pre-requisites for this module on page 1 to make certain you are ready for this module.

2. Read through the objective on pages 2 and 3 so that you know what you are expected to do upon completing this module.

3. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

4. If you take the master test, instructions will be given you, when you finish, as to how to proceed.

5. If you do not wish to take the master test, turn to the list of activities on pages 4 and 5. Take a few moments to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

GO TO PAGE 1

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INSTILL EAR MEDICATION FOR A PATIENT

PRE-REQUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study or performances:

1. Structure and Function of The Ear
2. Assist a Patient From Bed to a Chair
3. Assist a Patient From a Chair Back Into Bed
4. All pre-requisite areas listed for Module # A-9-23
5. Module # A-9-23 "Prepare Oral Medications For A Patient"
6. All pre-requisite areas listed for Module # A-9-24
7. Module # A-9-24 "Administer Oral Medication To A Patient"

****

If you have completed all of these areas of study

GO ON TO PAGE 2

If you have not completed all of these areas of study

SEE YOUR TEACHER

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INSTILL EAR MEDICATION FOR A PATIENT

Your objective for this task consists of two (2) parts as follows:

OBJECTIVE

1. Given 1 of 2 routine situations, a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated ear medication and a proper check list you will:

    a. assemble the appropriate supplies and/or equipment

    b. instill the ear medication as if for an adult

    c. record and/or report the ear instillation with observations

    d. perform the instillation within 20 minutes

    e. maintain 100% accuracy on all factors marked with an * on the check list

    f. maintain at least 75% accuracy in all other points on the check list

2. Given 1 of 2 routine situations, a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated ear medication and a proper check list you will:

GO ON TO PAGE 3

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OBJECTIVE

CON'T.

a. assemble the appropriate supplies and/or equipment

b. instill the ear medication as if for a child

c. record and/or report the ear instillation with observations

d. perform the instillation within 20 minutes

e. maintain 100% accuracy on all factors marked with an * on the check list

f. maintain at least 75% accuracy in all other points on the check list

GO ON TO PAGE 4

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ACTIVITIES

INSTRUCTIONS

1. PREFERRED TEXT:

   Nursing Skills for the Allied Health Services, Vol. 3, pages 171-172 and page 176. If this text is not available, check the teacher's list for other references. Read one of the references before going to class.

2. TEACHER LECTURE:

   "Principles of Instilling An Ear Medication"
   Check the bulletin board for the time(s) of the lecture. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location). An outline of the lecture can be found on pages 6 - 8.

3. TEACHER DEMONSTRATION:

   Check the bulletin board for the time(s) of the demonstration. If it is given more than once, you may sign up for the time of your choice. You are responsible for knowing the time and location of the correct demonstration. An outline of the demonstration can be found on pages 9 - 13.

GO ON TO PAGE 5

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HOE

ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT:

"Instilling An Ear Medication"
To help you in your ability to instill an ear medication, you will find a specific assignment on pages 14 - 20. Do this assignment only after you have heard the lecture and seen the demonstration (unless you have the teacher's permission to do so). Check the schedule for your assigned laboratory time and location.

5. STUDENT PARTNER:

It is necessary that you practice in the laboratory with a student partner (or Mannequin) as your patient for the ear instillation. It may be necessary to have a second partner observe the check list while you practice. Working together is usually the best way for all to learn.

6. MASTER TEST:

All activities should be completed before taking the "master test". Instructions for it are found on page 1 of the master test.

TEXT ASSIGNMENT	PAGE 4
LECTURE OUTLINE	PAGE 6
DEMONSTRATION OUTLINE	PAGE 9
LABORATORY ASSIGNMENT	PAGE 14

LECTURE OUTLINE

ACTIVITIES

As you listen to the lecture on "Principles of Instilling Ear Medication", be sure to note the following:

1. Individual Limitations Regarding Instillation of Ear Medication
    a. level of health worker performing instillation
    b. combination of ear instillation with other tasks (e.g. irrigations, sterile dressings to ear, etc.)

2. Incorporation of Overall Principles of Medication Administration to Ear Instillation
    a. storage of ear medication
    b. medical asepsis and the ear
    c. verification of medication order
    d. five (5) rights of medication administration

3. Specific Principles of Ear Medication
    a. review structure of ear
    b. standard form(s) of ear medication
    c. method of instilling ear medication
        (1) for an adult
        (2) for a child
    d. purposes of ear medication
    e. general effects and side-effects of ear medication

GO ON TO PAGE 7

LECTURE OUTLINE

ACTIVITIES

4. Supplies Necessary For Instillation of Ear Medication
    - a. patient's chart
    - b. Kardex
    - c. medication card (if applicable)
    - d. keys for medication storage area
    - e. medication storage area
    - f. medication tray
    - g. correct ear medication
    - h. cotton balls
    - i. tissues
    - j. medicine dropper
    - k. adjustable light
    - l. chair or bed
    - m. identification band
    - n. patient or mannequin
5. Major Factors In Instilling Ear Medication
    - a. position of patient
        - (1) sitting up (if possible)
        - (2) if unable to sit up - turn on side opposite of instillation
    - b. proper lighting
        - (1) good adjustable light (e.g. goose neck)
        - (2) natural light from window
    - c. Proper method of instillation
        - (1) for an adult
        - (2) for a child
    - d. proper drainage of ear canal after instillation (cotton ball only holds medication in)

GO ON TO PAGE 8

LECTURE OUTLINE

ACTICITIES

5. Con't.

   e. sequence of steps
      (1) maintain asepsis
      (2) conserve energy and supplies
      (3) remember other tasks that may be combined with instillation (e.g. ear irrigation or sterile dressing)

   f. remember needs of patient
      (1) priority of needs (e.g., may be choking, need aspirated etc.)
      (2) safety factors
      (3) patient comfort (e.g. pain, need to eliminate etc.)

6. Importance of Accurate Records

   a. medication instillation (which ear, dosage, time, etc.)
   b. other tasks - irrigation, dressings, etc.
   c. observations made before, during and after instillation (drainage, discomfort of patient, etc.)

DEMONSTRATION OUTLINE PAGE 9

LABORATORY ASSIGNMENT PAGE 14

DEMONSTRATION OUTLINE

ACTIVITIES

As you watch the demonstration be sure to observe the following:

A. Steps In Instilling Ear Medication For An Ambulatory Adult

1. Verify the order for the medication, dosage, mode of administration, time and site with Kardex or patient's chart
2. At the appropriate time, proceed to prepare and instill the medication
3. Obtain keys, go to medication storage area and unlock
4. Wash hands in adjacent facilities
5. Obtain ear medication and verify it with doctor's order
6. Place ear medication on medicine tray and secure medication area
7. Obtain clean cotton balls and tissues and place on medication tray
8. Establish patient's identity (by name band or given method for agency)
9. Explain to patient the task you are going to perform
10. Verify medication, dosage, time, method and mode of administration

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DEMONSTRATION OUTLINE

ACTIVITIES

A. Con't.

11. Position patient - sitting upright in chair
12. Adjust light for ear being medicated (or position patient for adequate window light) so that there is good visualization of ear canal
13. Verify medication, dosage, time and mode of administration for third time
14. Pinch rubber bulb of medicine dropper and draw up prescribed amount of medication into ear dropper (release pinch when desired amount obtained)
15. With opposite hand that will be used to instill medication, grasp upper portion of outer ear between index and middle fingers
16. Straighten the auditory canal by gently pulling outer ear upward and backward - hold in that position
17. With dominant hand, position tip of ear dropper just slightly into the opening to the ear canal, then point tip upward and toward inner ear canal
18. Gently and slowly instill prescribed amount of medication into ear canal by pressing on bulb of ear dropper

GO ON TO PAGE 11

DEMONSTRATION OUTLINE

ACTIVITIES

A. Con't.

19. If more than one dropperful of medication is needed, continue to draw up medication and instill until prescribed amount of medication is given
20. When finished, return the dropper to the medication bottle
21. Take a cotton ball and gently place in front of opening to ear canal to keep medicine from escaping. DO NOT pack cotton ball tightly and prevent ear from draining
22. Take tissue and wipe away any excess medication from surface of outer ear or patient's neck
23. Make patient comfortable and safe
24. Clean up patient area
25. Return medication tray, with medication to proper place
26. Replace medication, clean and story tray
27. Chart instillation of medication (including type and amount) and all observations made before, during and after instillation

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DEMONSTRATION OUTLINE

ACTIVITIES

B. Steps For Instilling Ear Medication For An Adult In Bed

1. - 10. Same as steps #1 - 10 for Instilling Ear Medication For an Ambulatory Adult
11. If patient is able, roll patient up in bed to a sitting position. If patient is unable to sit up, position patient on opposite side from instillation site. (If unable to turn on appropriate side, clarify with superior, on how to proceed.)
12. - 27. Same as steps #12-27 for Instilling Ear Medication For an Ambulatory Adult

C. Steps For Instilling Ear Medication For A Child

1. - 10. Same as steps #1 - 10 for Instilling Ear Medication For an Adult
11. If child can be ambulated, same as step #11 for an Ambulatory Adult. If child restricted to bed, same as step #11 for An Adult in Bed

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

C. Con't.

12. - 14. Same as steps # 12 - 14 for Instilling Ear Medication For an Adult
15. With opposite hand that will be used to instill medication, grasp the ear lobe between the thumb and index finger
16. Straighten the auditory canal (of the child) by gently pulling the ear lobe down and backward
17. - 27. Same as steps # 17 - 27 for Instilling Ear Medication For an Adult

LABORATORY ASSIGNMENT PAGE 14

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INSTILLING EAR MEDICATION

INSTRUCTIONS

1. During your scheduled laboratory time:
    a. Have your partner be your patient or use a mannequin as directed by your teacher (if your partner is to be your patient, your teacher will give you special instructions for protection of your partner).
    b. Practice both of the patient situations on page 15. Use the corresponding Kardex cards on page 16 for each situation.
    c. Follow the performance check list on pages 17 and 18.
    d. Practice both of the patient situations on page 19. Use the corresponding Kardex cards on page 20 for each situation.
    e. Follow the performance check list on pages 17 and 18.
    f. Have a second person observe you during your performance, if necessary.
    g. Be sure to keep in mind those principles, factors and methods given in the lecture and demonstration.

2. Be a patient for your partner and, if necessary, observe others instilling ear medication.

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EAR INSTILLATION SITUATIONS (ADULT)

ACTIVITIES

SITUATION #1

Mr. John Larson is a 67 year old male patient in room 272 of the nursing home in which you work. He is usually up and about and cares for himself. However, two weeks ago he had a severe upper respiratory infection. Three days ago he stated he had an ear ache. The earache became worse and for the past 24 hours he has been in bed all the time, complains of severe pain in his ear, nausea and feeling chilled. He has an elevated temperature and the doctor has ordered new medications. You have been asked to instill the first dose of ear medication to relieve the pain and itching he is having.

SITUATION #2

Miranda Thompson is a 28 year old female patient in room 444 of the medical unit of the hospital in which you work second shift. She was admitted yesterday with severe hives and itching that she said started after she had been swimming in a neighbor's farm pond. After admission she said she noticed both ears felt plugged and they bothered her a great deal. She is permitted to be up in her room. The regular medicine nurse gave Ms. Thompson her injection and applied her lotion at 6:00 p.m. but the ear medication that was ordered had just come from the pharmacy. The medicine nurse went to supper and asked you to instill the ear medication as ordered.

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EAR INSTILLATION KARDEX (ADULT)

ACTIVITIES

Medication:

(1) Compazine 10 mg tab ī q̄ 4 hr. prn. for nausea

(2) Terramycin 250 mg cap ī q̄ 6 hr. 8a.m.-2p.m.-8p.m.-2p.m.

(3) Americaine Otic - instill 4-5 drops warm

q̄ 4 hr. prn. for pain and itching of Ⓛ ear

(Lay patient on side with affected ear up - instill drops - plug opening - keep patient on side for several minutes)

Diagnosis: Acute Otitis Media of Ⓛ ear

272 Larson, John Age: 67 Physician: Dr. Berry

SITUATION #1

Medication:

(1) Solu-Cortef 10 mg I.M. bid 9a.m.-6p.m.

(2) Caladryl lotion tid 9a.m.-1p.m.-6p.m. to affected areas of skin

(3) Auralgin Otic Solution to both ears tid 9a.m.-1p.m.-6p.m. (instill solution along wall of canal until it is filled)

Diagnosis: Contact Dermatitis & Acute Swimmer's Ear

444 Thompson, Miranda Age: 28 Physician: Dr. James

SITUATION #2

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CHECK LIST FOR INSTILLING EAR MEDICATION

ACTIVITIES

U	S	
______	______	1. Verifies order with doctor's order on Kardex and/or patient's chart *
______	______	2. Obtains keys for medication areas
______	______	3. Washes hands before proceeding *
______	______	4. Verifies label on medication (or container) with medication card or Kardex - Places medication on medication tray *
______	______	5. Assembles any additional appropriate supplies on medication tray
______	______	6. Identifies patient in correct manner *
______	______	7. Explains task to patient
______	______	8. Prepares patient as needed, for ear instillation
______	______	9. Positions patient correctly for instillation *
______	______	10. Provides adequate lighting for ear instillation *
______	______	11. Verifies medication at bedside *
______	______	12. Maintains medical asepsis during ear instillation *

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CHECK LIST FOR INSTILLING EAR MEDICATION

ACTIVITIES

U	S	
_____	_____	13. Straightens ear canal correctly for age level of patient *
_____	_____	14. Instills ear medication correctly *
_____	_____	15. Provides for proper drainage of ear canal following instillation *
_____	_____	16. Observes patient throughout ear instillation *
_____	_____	17. Maintains safety factors for patient *
_____	_____	18. Makes patient comfortable after instillation
_____	_____	19. Cleans up after ear instillation
_____	_____	20. Sequences steps of task correctly
_____	_____	21. Recognizes limitations in regard to instillation *
_____	_____	22. Records and/or reports instillation and observations accurately *
_____	_____	23. Completes instillation within 20 minutes *

****

You must maintain 100% accuracy on points marked with an *

You can only miss 2 of all other points to maintain at least 75% accuracy

GO ON TO PAGE 19

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EAR INSTILLATION SITUATIONS (CHILD)

ACTIVITIES

SITUATION #1

Sally Powers is a 4 year old little girl in room 676 of the Pediatric ward. She was diagnosed as having Rocky Mountain Spotted Fever when she was admitted two and one-half (2 1/2) weeks ago. She is no longer in isolation, but she has developed several complications and must still be in the hospital. One of her complications is an external ear infection that has not responded well to treatment. She is allowed to be out of bed only twice a day for an hour each time, morning and evening. You are the medication nurse for Sally's room and are to instill her ear medication for 1:00 p.m.

SITUATION #2

Johnnie Shaw is a 6 year old boy in room 653 who has been having behavioral problems at school. He continually cries and has a tantrum every time he hears loud noises. The doctor has admitted Johnnie to the hospital for tests, x-rays and several examinations. Before a hearing test and examination can be done, his ears must be treated to make certain all excess ear wax is removed. His ear tests are scheduled for 11:00 a.m. today. You are Johnnie's medication nurse and have been asked to instill the medication ordered before the examination and tests.

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HOE

EAR INSTILLATION KARDEX (CHILD)

ACTIVITIES

Medication:
(1) Chloromycetin Palmitate (150 mg/5 ml.) give
5 ml. q̄ 6 hr. 6a.m.-12noon-6p.m.-12midnight.
(2) Chloromycetin Otic gtt $\dot{\overline{iii}}$ tid 9a.m.-1p.m.-6p.m.
into Ⓡ ear.

Diagnosis: Rocky Mountain Spotted Fever c̄ Infection
Ⓡ External Ear
676 Powers, Sally Age: 4 Physician: Dr. Barnes

SITUATION #1

Medication:
(1) Codiene 30 mg q̄ 6 hr. prn. for severe pain
(2) Cerumenex Drops in both ears prior to ear exam.
(Fill ear canal c̄ Cerumenex Drops c̄ head tilted back @ 45° angle - Insert cotton plug - leave drops in 30 min. - Gently flush ears c̄ luke warm H20 - Protect skin)

Diagnosis: Severe Tympanitis - Both Ears
653 Shaw, Johnnie Age: 6 Physician: Dr. Barnes

SITUATION #2

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HOE

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities.

2. If all activities are completed and you feel you have reached the objective, tell your teacher you are ready for the "Master Test".

3. If all activities are completed and you do not feel ready to take the "Master Test", see your teacher.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

PROJECT #16-76T-D-2

MODULE #A-9-28

INSTILL EAR MEDICATION FOR A PATIENT

MASTER TEST

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MASTER TEST

Instructions

1. Inform your teacher you are ready for the master test and sign up on the appropriate schedule. (You are responsible for being present at the proper location at the right time.)

2. Select a student patient from the list of available classmates and have present for the testing (unless you are to use a mannequin).

3. This test consists of two (2) parts:

   a. instill ear medication as if for an adult (routine)

   b. instill ear medication as if for a child (routine)

4. A check list for each part of the test is provided in this booklet. Write your name and date on each one and check the appropriate box.

5. When you go to the test area, turn the booklet to page 2 and give it to your teacher.

6. You will draw for the situations that you are to perform.

Name: ______________________ Date: ____________________

☐ Adult Instillation ☐ Child Instillation

CHECK LIST
FOR
INSTILLING EAR MEDICATION

MASTER TEST

U	S	
____	____	1. Verifies order with doctor's order on Kardex and/or patient's chart*
____	____	2. Obtains keys for medication area
____	____	3. Washes hands before proceeding*
____	____	4. Verifies label on medication (or container) with medication card or Kardex - Places medication on med tray*
____	____	5. Assembles any additional appropriate supplies on medication tray
____	____	6. Identifies patient in correct manner*
____	____	7. Explains task to patient
____	____	8. Prepares patient as needed for ear instillation
____	____	9. Positions patient correctly for instillation
____	____	10. Provides adequate lighting for ear instillation*
____	____	11. Verifies medication at bedside*
____	____	12. Maintains medical asepsis during ear instillation*

GO ON TO PAGE 3

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HOE

CHECK LIST

FOR

INSTILLING EAR MEDICATION

MASTER TEST

U	S	
______	______	13. Straightens ear canal correctly for age level of patient*
______	______	14. Instills ear medication correctly*
______	______	15. Provides for proper drainage of ear canal following instillation*
______	______	16. Observes patient throughout ear instillation
______	______	17. Maintains safety factors for patient*
______	______	18. Makes patient comfortable after instillation
______	______	19. Cleans up after ear instillation
______	______	20. Sequences steps of task correctly
______	______	21. Recognizes limitations in regard to instillation
______	______	22. Records and/or reports instillation and observations accurately*
______	______	23. Completes instillation within 20 minutes*

*POINTS SCORE ________

OTHER SCORE ________

TOTAL SCORE ________

GO ON TO PAGE 4

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Name: ______________________ Date: ____________________

Check one:

☐ Adult Instillation ☐ Child Instillation

CHECK LIST

FOR

INSTILLING EAR MEDICATION

MASTER TEST

U	S	
______	______	1. Verifies order with doctor's order on Kardex and/or patient's chart*
______	______	2. Obtains keys for medication area
______	______	3. Washes hands before proceeding*
______	______	4. Verifies label on medication (or container) with medication card or Kardex - Places medication on med tray*
______	______	5. Assembles any additional appropriate supplies on medication tray
______	______	6. Identifies patient in correct manner*
______	______	7. Explains task to patient
______	______	8. Prepares patient as needed for ear instillation
______	______	9. Positions patient correctly for instillation
______	______	10. Provides adequate lighting for ear instillation*
______	______	11. Verifies medication at bedside*
______	______	12. Maintains medical asepsis during ear instillation*

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CHECK LIST

FOR

INSTILLING EAR MEDICATION

MASTER LIST

U	S	
______	______	13. Straightens ear canal correctly for age level of patient*
______	______	14. Instills ear medication correctly*
______	______	15. Provides for proper drainage of ear canal following instillation*
______	______	16. Observes patient throughout ear instillation
______	______	17. Maintains safety factors for patient*
______	______	18. Makes patient comfortable after instillation
______	______	19. Cleans up after ear instillation
______	______	20. Sequences steps of task correctly
______	______	21. Recognizes limitations in regard to instillation
______	______	22. Records and/or reports instillation and observations accurately*
______	______	23. Completes instillation within 20 minutes*

*POINTS SCORE __________

OTHER SCORE __________

TOTAL SCORE __________

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HOE

UPON COMPLETION

OF THE

MASTER TEST

INSTRUCTIONS

1. Check with your teacher to see if you passed the master test.
2. If you passed the master test for this module, consult the schedule for the area of study you should start next.
3. If you did not pass the master test, see your teacher to find out how you should proceed.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

PROJECT NUMBER: 16-76T-D-2

MODULE # A-9-29

INSTILL NASAL MEDICATION FOR A PATIENT

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GOAL

Treatment of a disorder of the nose or sinus cavities is frequently done by medication. Although the medication could be administered by injection or orally it is many times placed directly on the surface of the nasal passageway (nasal instillation) and allowed to penetrate to the area where it is needed. The basic methods used to instill the medication are not difficult to learn but are necessary to know so that the patient can attain the proper benefits from the medication.

This module will enable the health care worker administering medications to:

1. incorporate the overall principles of medication while instilling nasal medication
2. utilize the basic principles of instilling nasal medication
3. instill nasal medications correctly to meet individual needs
4. record the instillation of nasal medications correctly

TURN TO NEXT PAGE

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USE OF LEARNING MODULE

INSTRUCTIONS

1. Check the list of pre-requisites for this module on page 1 to make certain you are ready for this module.

2. Read through the objective on pages 2 and 3 so that you know what you are expected to do upon completing this module.

3. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.

4. If you take the master test, instructions will be given you when you finish, as to how to proceed.

5. If you do not wish to take the master test, turn to the list of activities on pages 4 and 5. Take a few moments to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

GO ON TO PAGE 1

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INSTILL NASAL MEDICATION FOR A PATIENT

PRE-REQUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study or performance:

1. Structure and Function of The Nose
2. Position a Patient in Bed For Examination or Treatment
3. Assist a Patient From a Chair Back into Bed
4. All pre-requisite areas listed for Module #A-9-23
5. Module #A-9-23 "Prepare Oral Medication For A Patient"
6. All pre-requisite areas listed for Module #A-9-24
7. Module #A-9-24 "Administer Oral Medication To A Patient"

****

If you have completed all of these areas of study

GO ON TO PAGE 2

If you have not completed all of these areas of study

SEE YOUR TEACHER

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INSTILL NASAL MEDICATION FOR A PATIENT

Your objective for this task consists of two (2) parts as follows:

OBJECTIVE

1. Given 1 of 2 routine situations, a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated nasal medication and a proper check list, you will:
    - a. assemble the appropriate supplies and/or equipment
    - b. instill the nasal medication by medicine dropper
    - c. record and/or report the nasal instillation with observations
    - d. perform the instillation within 20 minutes
    - e. maintain 100% accuracy on all factors marked with an * on the check list
    - f. maintain at least 75% accuracy in all other points on the check list
2. Given 1 of 2 routine situations, a student patient (or mannequin) in a school laboratory, access to the proper equipment, simulated nasal medication and a proper check list, you will:

GO ON TO PAGE 3

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INSTILL NASAL MEDICATION FOR A PATIENT

OBJECTIVE

2. Con't.

   a. assemble the appropriate supplies and/or equipment

   b. instill the nasal medication by inhaler or atomizer

   c. record and/or report the nasal instillation with observations

   d. perform the instillation within 20 minutes

   e. maintain 100% accuracy on all factors marked with an * on the check list

   f. maintain at least 75% accuracy in all other points on the check list

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ACTIVITIES

INSTRUCTIONS

1. PREFERRED TEXT:

   Nursing Skills for the Allied Health Service, Vol. 3, pages 182-183 and pages 185-187. If this text is not available, check the teacher's list for other references. Read one of the references before going to class.

2. TEACHER LECTURE:

   "Principles of Instilling Nasal Medication". Check the bulletin board for the time(s) of the lecture. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location.) An outline of the lecture can be found on pages 6 - 8.

3. TEACHER DEMONSTRATION:

   Check the bulletin board for the time(s) of the demonstration. If it is given more than once, you may sign up for the time of your choice. You are responsible for knowing the time and location of the correct demonstration. An outline of the demonstration can be found on pages 9 - 13.

GO ON TO PAGE 5

ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT:

"Instilling Nasal Medication"
To help you in your ability to instill a nasal medication, you will find a specific assignment on pages 14 - 20. Do this assignment only after you have heard the lecture and seen the demonstration (unless you have the teacher's permission to do so). Check the schedule for your assigned laboratory time and location.

5. STUDENT PARTNER:

It is necessary that you practice in the laboratory with a student partner (or mannequin) as your patient for the nasal instillation. It may be necessary to have a second partner observe the check list while you practice. Working together is usually the best way for all to learn.

6. MASTER TEST:

All activities should be completed before taking the "master test". Instructions for it are found on page 1 of the master test.

TEXT ASSIGNMENT	PAGE 4
LECTURE OUTLINE	PAGE 6
DEMONSTRATION OUTLINE	PAGE 9
LABORATORY ASSIGNMENT	PAGE 14

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LECTURE OUTLINE

ACTIVITIES

As you listen to the lecture on "Principles of Instilling Nasal Medication", be sure to note the following:

1. Individual Limitations Regarding Instillation of Nasal Medications
   - a. level of health worker performing instillation
   - b. combination of nasal instillation with other tasks (e.g. irrigation, sterile dressings or packing of nose, etc.)

2. Incorporation of Overall Principals of Medication Administration to Nasal Instillation
   - a. storage of nasal medication
   - b. medical aespsis and the nose
   - c. verification of medication order
   - d. five (5) rights of medication administration

3. Specific Principles of Nasal Medication
   - a. review structure of nose
   - b. standard forms of nasal medication
     - (1) drops
     - (2) inhaler
     - (3) atomizer
   - c. methods of instilling nasal medication
     - (1) for nasal passageway and front sinus
     - (2) for back sinus

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LECTURE OUTLINE

ACTIVITIES

3. Con't.
    - d. purposes of nasal medication
    - e. general effects and side-effects of nasal medication

4. Supplies Necessary For Instillation of Nasal Medication
    - a. patient's chart
    - b. Kardex
    - c. medication card (if applicable)
    - d. keys for medication storage area
    - e. medication storage area
    - f. medication tray
    - g. correct nasal medication
    - h. tissues or hand towel
    - i. medicine dropper, inhaler and atomizer
    - j. patient's bed
    - k. pillow
    - l. identification band
    - m. patient or mannequin

5. Major Factors In Instilling Nasal Medication
    - a. position of patient
        - (1) lying flat on back
        - (2) pillow under shoulder
        - (3) head position correctly
            - (a) nasal passageway and front sinus
            - (b) sinus at back of nose

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LECTURE OUTLINE

ACTIVITIES

5. Con't.
   - b. proper method of instillation
     - (1) by dropper
     - (2) by inhaler
     - (3) by atomizer
   - c. proper length of time for penetration of medication
   - d. sequence of steps
     - (1) maintain asepsis in reference to nose
     - (2) conserve energy and supplies
     - (3) remember other tasks that may be combined with instillation (e.g. nasal irrigation or nasal packing)
   - e. remember needs of patient
     - (1) priority of needs (e.g. may be choking, need aspirated, may be bleeding, etc.)
     - (2) safety factors (protect from injury)
     - (3) patient comfort (e.g. pain, need to eliminate, etc.)
6. Importance of Accurate Records
   - a. medication instillation (which nostril, dosage, time, etc.)
   - b. other tasks - irrigation, packing, etc.
   - c. observations made before, during and after instillation (drainage, discomfort of patient, etc.)

DEMONSTRATION OUTLINE PAGE 9

LABORATORY ASSIGNMENT PAGE 14

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DEMONSTRATION OUTLINE

ACTIVITIES

As you watch the demonstration be sure to observe the following:

A. Steps For Instilling Nasal Medication By Dropper For A Patient's Back Sinus

1. Verify the order for the medication, dosage, mode of administration, time and site with Kardex or patient's chart
2. At the appropriate time proceed to prepare and instill the medication
3. Obtain keys, go to medication storage area and unlock
4. Wash hands in adjacent facilities
5. Obtain nasal medication from storage area and verify label with doctor's orders
6. Place nasal medication on medicine tray and secure medication storage area
7. Obtain tissues or hand towel and place on medicine tray
8. Take medication tray, with nasal medication and supplies to patient's assigned unit
9. Establish patient's identity (by name band or given method for agency)

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

A. Con't.

10. Explain to patient the task you are going to perform
11. Place patient in dorsal recumbent position (flat on back)
12. Place pillow under shoulders so that patient's head drops backward (or have patient move to edge of bed so that head drops backward)
13. Verify medication, dosage, time, method and mode of administration
14. Place or have patient place head in upward position, so that the patient is looking at the ceiling
15. Pinch the rubber bulb of the medicine dropper and draw up the prescribed amount of medication into nose dropper
16. Steady or support the patient's head, if necessary, with opposite hand that will be used to instill medication
17. With dominant hand, hold medicine dropper slightly above indicated nostril at approximately a 75° angle, making certain that the tip of the dropper is directed toward the middle portion of the upper nose. DO NOT touch the nasal surface with the dropper

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911

DEMONSTRATION OUTLINE

ACTIVITIES

A. Con't.

18. Gently and slowly prescribed amount of medication into nostril by pressing on bulb of dropper
19. Withdraw the medicine dropper (if more medication is needed continue steps 15 - 19 until prescribed amount is given)
20. Squeeze out any unused medication left in the dropper into a designated container or tissue
21. Return the dropper to the medication bottle and secure it
22. Take a tissue or handtowel and dry the patient's nose
23. Reposition the patient to make comfortable and safe - but leave flat 5 - 10 minutes
24. Clean up patient area
25. Return medication tray, with medication to proper place
26. Replace medication, clean and store tray
27. Chart instillation of medication (including type, amount and area medicated) and all observations made before, during and after instillation

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DEMONSTRATION OUTLINE

ACTIVITIES

A. Con't.

28. Return to patient's unit and assist or place patient in desired or required position

B. Steps For Instilling Nasal Medication By Dropper For A Patient's Nasal Passageway or Fron Sinus

1. - 13. Same as steps #1 - 13 for Instilling Medication by Dropper for Back Sinus

14. Place or have patient turn head sideways so that nostril to be instilled will be facing that direction (example left nostril being medicated - head should be turned to left) If both nostrils are to be medicated - change head position as indicated

15. - 28. Same as steps #15 - 28 for Instilling Medication by Dropper for Back Sinus

C. Steps For Instilling Nasal Medication By Inhaler For A Patient

1. - 13. Same as steps #1 - 13 for Instilling (Back Sinus and Nasal Passageway or Fron Sinus)

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HOE

DEMONSTRATION OUTLINE

ACTIVITIES

C. Con't.

14. Place head in indicated position for
    a. back sinus - see A. #14
    b. nasal passageway on front sinus - see B. #14
15. Insert the inhealer or atomizer into designated nostril and gently close the other nostril by pressing it toward the center bone
16. For an inhaler, just hold in position. For an atomizer, hold in position and compress it at least twice (unless otherwise ordered)
17. Ask the patient to take several deep breaths through the open nostril - with mouth open
18. If indicated, medicate opposite nostril (for nasal passageway or front sinus - change head position) and replace cap

19. - 25. Same as steps #22 - 28 for Instilling Nasal Medication by Dropper

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INSTILLING NASAL MEDICATION

INSTRUCTIONS

1. During your scheduled laboratory time:
    a. Have your partner be your patient or use a mannequin as directed by your teacher (if your partner is to be your patient, your teacher will give you special instructions for protection of your partner).

    b. Practice both of the patient situations on page 15. Use the corresponding Kardex cards on page 16 for each situation.

    c. Follow the performance check list on pages 17 and 18.

    d. Practice both of the patient situations on page 19. Use the corresponding Kardex cards on page 20 for each situation.

    e. Follow the performance check list on pages 17 and 18.

    f. Have a second person observe you during your performance, if necessary.

    g. Be sure to keep in mind those principles, factors and methods given in the lecture and demonstration.

2. Be a patient for your partner and, if necessary, observe others instilling nasal medication.

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HOE

NASAL INSTILLATION SITUATIONS - DROPPER

ACTIVITIES

SITUATION #1

Mr. Ted Brewer, a 45 year old male, is a patient in room 806. He has been admitted for treatment of an acute attack of hay fever. He is also suffering from a very irritated and congested nose. In addition to the medication for his hay fever, the doctor has also ordered nose drops to help decrease the secretion. As evening medication's nurse on Mr. Brewer's ward, you are to instill the nose drops the doctor has ordered (medicate the patient for a nasal passageway instillation).

SITUATION #2

Sue Clawson is a 72 year old female patient in room 542 of the intermediate care unit of the nursing home where you work. She has been treated for several days for an acute upper respiratory infections. After examining her this morning, the doctor states that she has also developed a severe inflammation in her posterior sinus. He ordered the medication to relieve her sinusitis and it has just come from the pharmacy. The head nurse has asked you to instill the medication now to relieve Ms. Clawson's nasal congestion.

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NASAL INSTILLATION KARDEX - DROPPER

ACTIVITIES

Medication:

Afrin Nose Drops gtt ṫṫṫ in each nostril bid (morning and bedtime) 9 a.m. - 9 p.m.

(medicate for nasal passageway)

Diagnosis: Acute Hayfever c̄ Severe Rhinitis

806 Brewer, Ted Age: 45 Physician: Dr. Sloan

SITUATION #1

Medication:

Privine Hcl. Nasal Solution 0.05% gtt ṫṫ in each nostril q̄ 3-4 hr. as needed for nasal congestion

(medicate for posterior sinus)

Diagnosis: Acute Upper Respiratory Infection c̄ Severe Posterior Sinusitis

545 Clawson, Sue Age: 72 Physician: Dr. Francis

SITUATION #2

GO ON TO PAGE 17

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CHECK LIST
FOR
INSTILLING NASAL MEDICATION

ACTIVITIES

U S

______ ______ 1. Verifies order with doctor's order on Kardex and/or patient's chart *

______ ______ 2. Obtains keys for medication area

______ ______ 3. Washes hands before proceeding *

______ ______ 4. Verifies label on medication card or Kardex - places medication on medicine tray *

______ ______ 5. Assembles any additional appropriate supplies on medication tray

______ ______ 6. Identifies patient in correct manner *

______ ______ 7. Explains task to patient

______ ______ 8. Prepares patient, as needed, for nasal instillation

______ ______ 9. Positions patient correctly for instillation *

______ ______ 10. Positions patient's head properly for instillation

______ ______ 11. Verifies medication at bedside *

______ ______ 12. Maintains medical asepsis during nasal instillation

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HOE

CHECK LIST
FOR
INSTILLING NASAL MEDICATION

ACTIVITIES

U	S	
		13. Uses proper equipment for nasal medication ordered *
		14. Instills nasal medication correctly *
		15. Provides for proper penetration of nasal medication following instillation *
		16. Observes patient throughout nasal instillation *
		17. Maintains safety factors for patient *
		18. Makes patient comfortable after instillation
		19. Cleans up after nasal instillation
		20. Sequences steps of task correctly
		21. Recognizes limitations in regard to instillation *
		22. Records and/or reports instillation and observations accurately *
		23. Completes instillation within 20 minutes *

****

Must maintain 100% accuracy on points marked with an *

You can only miss 2 of all other points to maintain at least 75% accuracy

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NASAL INSTILLATION SITUATION

INHALER AND ATOMIZER

ACTIVITIES

SITUATION #1

Mrs. Beth Green is a 30 year old female admitted to the medical floor in which you work. She has been bothered with hay fever for several weeks. Due to all of the nasal congestion she has had, she has developed a middle earblock in her right ear. In addition to other medications the doctor has ordered a medication to be given by nasal instillation to help relieve the earblock. The medication has just arrived from the pharmacy and you are to administer it now.

SITUATION #2

Mr. John Harris is a 76 year old male in room 235 of the nursing home where you work. He is in fairly good health, but does suffer from nasal allergies and inflammation of his front sinus from time to time. You are working as the evening medication nurse on Mr. Harris' wing when he asks you for medication for his nose and sinus before he goes to bed. You are to instill his nasal medication as ordered.

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NASAL INSTILLATION KARDEX - INHALER & ATOMIZER

ACTIVITIES

Medication:
Benzedrex Inhaler - administer to patient's Ⓡ nostril prn.
for pressure in Ⓡ ear (medicate as for posterior sinus)
Diagnosis: Hay Fever c̄ Severe Ⓡ earblock
716 Green, Beth Age: 30 Physician: Dr. Norris

SITUATION #1

Medication:
Neo-Synephrine 0.5% Nasal Spray - Spray each nostril q̄ 3-4
hr. prn. for nasal congestion - spray once or twice into
each nostril - repeat in few minutes if necessary
(medicate for nasal passageway)
Diagnosis: Allergic Rhininitis c̄ Frontal Sinusitis
235 Harris, John Age: 76 Physician: Dr. Davis

SITUATION #2

GO NO TO PAGE 21

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HOE

INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities.

2. If all activities are completed and you feel you have reached the objective, tell your teacher you are ready for the "master test".

3. If all activities are completed and you do not feel ready to take the "master test", see your teacher.

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HEALTH OCCUPATIONS PROGRAM EDUCATORS

Project Number 16-76T-D-2

#A-9-29

INSTILL NASAL MEDICATION FOR A PATIENT

MASTER TEST

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INSTILL NASAL MEDICATION FOR A PATIENT

MASTER TEST

INSTRUCTIONS

1. Inform your teacher you are ready for the master test and sign up on the appropriate schedule. (You are responsible for being present at the proper location at the right time.)

2. Select a student patient from the list of available classmates and have present for the testing (unless you are to use a mannequin).

3. This test consists of two (2) parts:

   a. instill nasal medication by medicine dropper (routine)

   b. instill nasal medication by inhaler or atomizer (routine)

4. A check list for each part of the test is provided in this booklet. Write your name and date on each one and check the appropriate box.

5. When you go to the test area, turn the booklet to page 2 and give it to your teacher.

6. You will draw for the situations you are to perform.

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Name:______________________ Date:____________

Check One:

☐ Dropper ☐ Inhaler ☐ Atomizer

CHECK LIST
FOR
INSTILLING NASAL MEDICATION

MASTER TEST

U	S	
______	______	1. Verifies order with doctor's order on Kardex and/or patient's chart *
______	______	2. Obtains keys for medication area
______	______	3. Washes hands before proceeding *
______	______	4. Verifies label on medication card or Kardex - places medication on medicine tray *
______	______	5. Assembles any additional appropriate supplies on medication tray
______	______	6. Identifies patient in correct manner *
______	______	7. Explains task to patient
______	______	8. Prepares patient, as needed, for nasal instillation
______	______	9. Positions patient correctly for instillation *
______	______	10. Positions patient's head properly for instillation
______	______	11. Verifies medication at bedside *
______	______	12. Maintains medical asepsis during nasal instillation

GO ON TO PAGE 3

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CHECK LIST
FOR
INSTILLING NASAL MEDICATION

MASTER TEST

U	S	
______	______	13. Use proper equipment for Nasal Medication ordered *
______	______	14. Instills nasal medication correctly *
______	______	15. Provides for proper penetration of nasal medication following instillation *
______	______	16. Observes patient throughout nasal instillation *
______	______	17. Maintains safety factors for patient *
______	______	18. Makes patient comfortable after instillation
______	______	19. Cleans up after nasal instillation
______	______	20. Sequences steps of task correctly
______	______	21. Recognizes limitations in regard to instillation *
______	______	22. Records and/or reports instillation and observations accurately *
______	______	23. Completes instillation within 20 minutes *

* POINTS SCORE __________

OTHER SCORE __________

TOTAL SCORE __________

GO ON TO PAGE 4

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Name: ______________________ Date: ______________

Check One:

☐ Dropper ☐ Inhaler ☐ Atomizer

CHECK LIST
FOR
INSTILLING NASAL MEDICATION

MASTER TEST

U	S	
		1. Verifies order with doctor's order on Kardex and/or patient's chart *
		2. Obtains keys for medication area
		3. Washes hands before proceeding *
		4. Verifies label on medication card or Kardex - places medication on medicine tray *
		5. Assembles any additional appropriate supplies on medication tray
		6. Identifies patient in correct manner *
		7. Explains task to patient
		8. Prepares patient, as needed, for nasal instillation
		9. Positions patient correctly for instillation *
		10. Positions patient's head properly for instillation
		11. Verifies medication at bedside *
		12. Maintains medical asepsis during nasal instillation

GO ON TO PAGE 5

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CHECK LIST
FOR
INSTILLING NASAL MEDICATION

MASTER TEST

U	S		
______	______	13.	Use proper equipment for nasal medication ordered *
______	______	14.	Instills nasal medication correctly *
______	______	15.	Provides for proper penetration of nasal medication following instillation *
______	______	16.	Observes patient throughout nasal instillation *
______	______	17.	Maintains safety factors for patient *
______	______	18.	Makes patient comfortable after instillation
______	______	19.	Cleans up after nasal instillation
______	______	20.	Sequences steps of task correctly
______	______	21.	Recognizes limitations in regard to instillation *
______	______	22.	Records and/or reports instillation and observations accurately *
______	______	23.	Completes instillation within 20 minutes *

* POINTS SCORE __________
OTHER SCORE __________
TOTAL SCORE __________

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UPON COMPLETION OF THE MASTER TEST

INSTRUCTIONS

1. Check with your teacher to see if you passed the master test.
2. If you passed the master test for this module, consult the schedule for the area of study you should start next.
3. If you did not pass the master test, see your teacher to find out how you should proceed.

HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2

STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

STATE OF INDIANA

# A - 9 - 30

"INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT"

MODULE

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INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT

GOAL

It has been established in previous areas of study and/or performance that there are a variety of forms of medication and methods of administration; each serves a specific purpose or function. The most common forms of medication are solids and liquids and the most common methods of administration are oral or by injection. There are times, however, when a simi-solid material which melts readily at body temperature is placed (inserted) into a body cavity. The melting releases the medication and the medication can be used by the local area or absorbed and taken where needed.

Medications that are inserted into body cavities are called suppositories. The rectal cavity and the vaginal cavity are the two main areas where suppositories are inserted. The method of insertion for each is quite similar but there are some differences.

This module will enable the health worker administering medications to:

1. recognize individual limitations in regard to suppository medications
2. incorporate the principles of suppository medication correctly
3. prepare suppository medications correctly
4. insert a rectal suppository correctly
5. insert a vaginal suppository correctly
6. record the insertion of a rectal or vaginal suppository and observations accurately

TURN TO THE NEXT PAGE

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USE OF LEARNING MODULE

INSTRUCTIONS

1. Check the list of pre-requisites for this module on page 1 to make certain you are ready for this module.
2. Read through the objective on page 2 so that you know what you are expected to do upon completing this module.
3. If you think you are capable of reaching the objective without going through the module, tell the teacher you wish to take the master test.
4. If you take the master test, instructions will be given you, when you finish, as to how to proceed.
5. If you do not wish to take the master test, turn to the list of activities on pages 3 and 4 . Take a few minutes to read through each activity listed. Be sure to ask your teacher to explain any activity you do not understand.

GO TO PAGE 1

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INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT

PRE-REQUISITES

In order to understand and successfully complete this module, you should have completed the following areas of study or performance:

1. Position - A Patient For Specific Procedures or Examinations
2. Drape - A Patient For Specific Procedures or Examinations
3. Assist A Patient with body eliminations
4. Glove Aseptically For Specific Procedures
5. All areas of study numbered # A-9-1 through # A-9-22
6. All pre-requisite areas listed for modules # A-9-23 and # A-9-24
7. Modules # A-9-23 and # A-9-24

* *

If you have completed all of these areas of study or performance

GO ON TO PAGE 2

If you have not completed all of these areas of study or performance

SEE YOUR TEACHER

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INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT

Your objective for this task consists of two (2) parts as follows:

OBJECTIVE

1. Given 1 or 2 relevant situations a student partner or mannequin in a school laboratory, access to the proper equipment, simulated suppository medication and a check list on inserting suppository medication, you will:
    - a. assemble the necessary supplies and/or equipment
    - b. insert a rectal suppository
    - c. record and/or report the rectal insertion with observation
    - d. perform the insertion within 20 minutes
    - e. maintain 100% accuracy in all points of the check list marked with an (*)
    - f. maintain 75% accuracy in all other points of the check list

2. Given 1 of 2 relevant situations, a student partner or mannequin in a school laboratory, access to the proper equipment, simulated suppository medication and a check list on inserting suppository medication, you will:
    - a. assemble the necessary supplies and/or equipment
    - b. insert a vaginal suppository
    - c. record and/or report the vaginal insertion with observations
    - d. perform the insertion within 20 minutes
    - e. maintain 100% accuracy in all points of the check list marked with an (*)
    - f. maintain 75% accuracy in all other points of the check list

GO ON TO PAGE 2

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HOE

ACTIVITIES

INSTRUCTIONS

1. PREFERRED TEXT:

   Nursing Skills for the Allied Health Services, Vol. 2, pages 446-449. (If this text is not available, check the teacher's list for other references). Read one of the references before going to class.

2. TEACHER LECTURE:

   "Principles of Inserting Rectal and Vaginal Suppositories"

   Check the bulletin board for the time(s) of the lecture. If it is given more than once, you may sign up for the time of your choice. (You are responsible for knowing the time and location). An outline of the lecture can be found on pages 5 and 6.

3. TEACHER DEMONSTRATION:

   "How to Insert A Rectal or Vaginal Suppository"

   Check the bulletin board for the time(s) of the demonstration. If it is given more than once, you may sign up for the time of your choice. You are responsible for knowing the time and location of the correct demonstration. An outline of the demonstration can be found on page 7 - 12.

GO ON TO PAGE 4

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ACTIVITIES

INSTRUCTIONS

4. LABORATORY ASSIGNMENT:

"Inserting Rectal or Vaginal Suppositories For A Patient"

To help you in your ability to instill rectal and vaginal suppositories you will find a specific assignment on pages 13-19. Do this assignment only after you have heard the lecture and seen the demonstration (unless you have the teacher's permission to do so). Check the schedule for your assigned laboratory time and location.

5. STUDENT PARTNERS:

It is recommended that you practice in the laboratory with a student partner as your patient. Whether a student partner or a mannequin is to be used for the simulated insertion of a suppository, your teacher will give you guidance as to how you are to proceed. If a student partner is used as a patient, it may be necessary to have a second partner observe the check list while you practice. Working together is usually the best way for all to learn.

6. MASTER TEST:

All activities should be completed before taking the "Master Test". Instructions for it are found on page 20.

TEXT ASSIGNMENT	PAGE	3
LECTURE OUTLINE	PAGE	5
DEMONSTRATION OUTLINE	PAGE	7
LABORATORY ASSIGNEMENT	PAGE	13

LECTURE OUTLINE

ACTIVITIES

As you listen to the lecture, be sure to note the following points:

1. Recognize Limitations In Regard To Insertion of Suppositories
   - a. medication aide - rectal and vaginal only
   - b. L.P.N. - discretion of teacher or agency
   - c. R.N. - May insert all types

2. Incorporate General Medication Principles
   - a. proper storage for medication
   - b. medical asepsis for entire task
   - c. verification of order
   - d. five (5) rights of medication administration

3. Utilize Principles of Suppository Medication
   - a. standard form of medication
   - b. proper supplies and/or equipment needed for insertion
   - c. areas of insertion of suppository
   - d. purpose(s) of suppository medication
   - e. general effects and side-effects of suppository medication

4. Sequence Steps of Insertion Correctly
   - a. according to body cavity
   - b. according to patient's needs

GO ON TO PAGE 6

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LECTURE OUTLINE

ACTIVITIES

5. Incorporate Major Factors of Insertion
   - a. privacy and safety for the patient
   - b. position of patient for situation
   - c. draping for situation
   - d. steps of insertion for situation

6. Record and/or Report Accurately
   - a. medication inserted
   - b. time, dosage, and area of medication insertion
   - c. observations before, during, and after insertion

7. Utilize Sugestions and Precautions As Needed
   - a. follow agency rules regarding exchange or obtaining medication
   - b. regarding supplies
     - (1) gloves need not be sterile unless instructed by superior
     - (2) lubricant should be "water soluble"
     - (3) suppositories melt at body temperature - that includes the one inserting
   - c. regarding insertion
     - (1) consider sinsitivity of patient
       - (a) modisty level
       - (b) comprehension level
       - (c) pain level
     - (2) consider results of insertion - BE PREPARED!
     - (3) DO NOT MISUSE suppositories consistently for patient elimination

DEMONSTRATION OUTLINE PAGE 7

LABORATORY ASSIGNMENT PAGE 13

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ACTIVITIES

As you watch the demonstration, be sure to observe the following:

A. Steps For Inserting A Rectal Suppository

1. Check the patient's chart for doctor's order sheet for verification of the medication dosage, mode of administration, time of administration, and area of administration
2. At the appropriate time, proceed to prepare and insert the suppository
3. Obtain keys, go to medication storage area and unlock medication area
4. Wash hands in adjacent facilities
5. Obtain suppository container and verify it with doctor's order
6. Take suppository from container (unit-dose or quantity container) according to prescribed method
7. For unit-dose, place suppository on Medicine tray. Place untouched suppository in paper container or on paper towel - then place on medicine tray
8. Go to area where supplies are stored and obtain an examination glove, appropriate lubricant, a chux or bed protector and paper towel - place all items on medicine tray

GO ON TO PAGE 8

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DEMONSTRATION OUTLINE

ACTIVITIES

A. con't.

9. Take medicine tray with supplies and medication to patient's assigned unit
10. Establish patient's identity (by name band or given method for agency)
11. Explain to patient the task you are going to perform
12. Obtain both blanket (for drape) and toliet tissue, screen patient and adjust bed for your height
13. Verify medication, dosage, time, method of administration and area of insertion
14. Cover patient with both blanket and fan fold top covers to bottom of bed
15. Lower bed rail and place patient in Sim's position
16. Drape both blanket loosely over hip area to allow for space when inserting suppository
17. Place chux or bed protector under patient's buttocks
18. For Unit-Dose - tear perforated end off wrapper and return suppository to medicine tray

GO ON TO PAGE 9

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DEMONSTRATION OUTLINE

ACTIVITIES

A. con't.

19. Remove cap from lubricant (or tear open individual package) and squeeze small amount onto paper towel on medicine tray

20. Take examination glove from wrapper and put on hand used to insert suppository

21. For Unit-dose, pick up suppository in ungloved hand, squeeze closed end of wrapper, forcing suppository into gloved hand - suppository from quantity container should be picked up directly with glove hand

22. Hold base of suppository (with gloved hand) between thumb index and middle finger with tip exposed approximately one-half inch

23. Pass exposed tip of suppository through lubricant on paper towel

24. With ungloved hand lift drape over buttocks, exposing only enough of the patient to visualize the anal region.

25. With ungloved hand, raise the upper buttock upward and toward the head and hold it there

26. Holding the suppository between the thumb, index and middle fingers, carefully insert it into the anal sphincter (ask the patient to take a deep breath as you insert suppository)

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DEMONSTRATION OUTLINE

ACTIVITIES

A. con't.

27. Using index finger, gently push the suppository upward so that it passes through the anal sphincter into the rectum - about 2 1/2 - 3 inches (for a small person or rectal problems - use little finger)

28. When certain the suppository is in place, gently withdraw the insertion finger (if fices felt, be sure suppository is along wall of the rectum)

29. Hold buttocks together for few seconds and ask patient to breathe deeply until urge to expel the suppository is gone

30. Remove examination glove by holding cuff and turning inside out- wrap glove in paper towel

31. If suppository given was for elimination

    a. get out bed pan and place it and tissue under covers close to patient

    b. instruct patient to try and with hold bowel movements at least 10 minutes if possible (if patient not in control place on bed pan after insertion or observe closely)

    c. instruct patient to call you when ready for bed pan or assistance to bathroom. When called, assist patient, give privacy but stay close at hand

    d. when patient finished with elimination, assist with cleaning as needed according to prescribed procedure

GO ON TO PAGE 11

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ACTIVITIES

A. con't.

e. observe time, amount and consistency of bowl movement

32. Remove chux or bed protector and return patient to desired or required position

33. Replace top covers and remove drape

34. Make patient comfortable and safe

35. Clean up patient's unit, dispose of waste materials in proper place

36. Return medicine tray and lubricant to proper place, clean and store

37. Record and/or report insertion of suppository, time and area inserted and any pertinent observations made before, during or after insertion

B. Steps For Inserting A Vaginal Suppository

1 - 14. Same as steps #1 - #14 for inserting rectal suppository

15. Lower bed rail and place patient in Dorsal Recumbent position

16. Drape patient as for vaginal examination (diamond pattern)

17 - 23. Same as steps #17 - #23 for inserting rectal suppository

24. With ungloved hand lift point of drape between legs, exposing only enough of the patient to visualize the vaginal area.

GO ON TO PAGE 12

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DEMONSTRATION OUTLINE

ACTIVITIES

B. con't

25. Holding the suppository between the thumb, index and middle fingers, gently insert it into the vaginal opening (ask patient to take deep breath while inserting suppository)

26. Using index finger, gently push the suppository upward into the vagina so that the entire suppository is past the vaginal opening (approximately 1 1/2 - 2 inches) Use extreme caution for a very small person or a person who has vaginal swelling

27. When certain the suppository is in place, gently withdraw the insertion finger

28. Hold, or ask patient to hold legs together for a few minutes to keep suppository from slipping out

29 - 35. Same as steps # 29 and 30 and steps # 32 - 37 for inserting a rectal suppository

LABORATORY ASSIGNMENT PAGE 13

INSERTING RECTAL OR VAGINAL SUPPOSITORIES

INSTRUCTIONS

1. During your scheduled laboratory time:
    a. have your partner assist you as a patient or as an observer * (your teacher will inform you if you are simulate-inserting a suppository with your partner or use a mannequin).

    b. turn to the two (2) patient situations for rectal insertion on page 14 and corresponding Kardex on page 15

    c. practice both situations using the corresponding Kardex

    d. follow the check list on pages 16 and 17

    e. turn to the two (2) patient situations for vaginal insertion on page 18 and corresponding Kardex on page 19

    f. practice both situations using the corresponding Kardex

    g. follow the check list on pages 16 and 17

    h. be sure and keep in mind those factors given in the lecture and demonstration

2. Assist your partner in inserting suppository medication

* if your partner acts as your patient, an additional classmate may be needed to follow the check list

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ACTIVITIES

PATIENT SITUATIONS FOR RECTAL SUPPOSITORIES

Situation # 1

Mr. Charles Smith is a 76 year old male in room #148 of the nursing home. He has a Chronic Ulcer with moderate anemia. He is up and about for short periods of time, but has to rest a great deal. He is on appropriate medication and diet for his condition. He periodically has constipation due to his medication and diet. You are administering medications on the 7:00 a.m. - 3:00 p.m. shift. At 8:30 you are informed that Mr. Smith states he is uncomfortable and has not had a bowel movement for two days. You are to give the medication that has been ordered for his constipation.

Situation # 2

Mr. Joshua Phillips is a 54 year old male in room #336 of the medical unit. He was admitted at 11:30 p.m. last night in an acute asthmatic attack. He had medication for his acute attack and rested fairly well during the night. You have been assigned to give total care to him on the day shift today, administering treatments and medication as ordered. You have given him his early morning medication, breakfast, and bath and are about to leave the room. Mr. Phillips experiences an acute asthmatic attack. You are to give the medication the doctor has ordered for such an episode.

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ACTIVITIES

KARDEX CARDS
FOR
PATIENT SITUATIONS
FOR RECTAL SUPPOSITORIES

Medication

Pro-Banthine "o" 7.5 mg tab ɨ a.c. 7:30 am 11:30 am
4:30 pm

Dulcolax 10 mg Suppository ɨ inserted rectally after
breakfast if no B.M. for 2 days

Diagnosis: Chronic Ulcer c̄ Moderate Anemia

148 Smith, Charles Age: 76 Physician: Dr. C. Thomas

Situation # 1

Medication:

Elixophyllin 200 mg cap ɨ tid 7 am 3 pm 9 pm
(should be given on empty stomach if possible)

Aminaphylline 500 mg Suppository ɨ inserted rectally
for acute asthmatic attack

Diagnosis: Bronchial Asthma c̄ Emphysema

336 Phillips, Joshua Age: 54 Physician: Dr. B. Martin

Situation # 2

GO ON TO PAGE 16

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HOE

CHECK LIST
FOR
INSERTING RECTAL OR VAGINAL SUPPOSITORY

ACTIVITIES

U S

_____ _____ 1. Verifies order with doctor's order on Kardex and/or patient's chart *

_____ _____ 2. Obtains keys for the medication area

_____ _____ 3. Washes hands before proceeding with medication *

_____ _____ 4. Verifies label on medication wrapper or container with order *

_____ _____ 5. Assembles medication and any appropriate supplies

_____ _____ 6. Identifies patient in correct manner *

_____ _____ 7. Explains task to patient

_____ _____ 8. Assembles appropriate supplies in patient's unit

_____ _____ 9. Provides privacy for patient

_____ _____ 10. Positions patient properly for task performing *

_____ _____ 11. Drapes patient correctly for task

_____ _____ 12. Protects linens during task

_____ _____ 13. Verifies medication with order at the bedside *

_____ _____ 14. Inserts suppository medication correctly for area of insertion *

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HOE

CHECK LIST
FOR
INSERTING RECTAL OR VAGINAL SUPPOSITORY

ACTIVITIES

U	S	
		15. Maintains medical asepsis during suppository insertion *
		16. Maintains safety factors for patient during task *
		17. Observes patient during suppository insertion *
		18. Makes patient comfortable following insertion
		19. Cleans patient area after insertion
		20. Recognizes limitations in regard to insertion or related tasks (if applicable) *
		21. Alters task to needs of patient (if applicable) *
		22. Sequences steps of task for best use of time and materials
		23. Records and/or reports suppository insertion and observations accurately *
		24. Completes insertion of suppository within 20 minutes

100% accuracy on all points with (*)

75% accuracy on all other points

(may miss no more than 3)

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PATIENT SITUATIONS FOR VAGINAL SUPPOSITORIES

ACTIVITIES

Situation # 1

Ms. Velma Sherman is a 33 year old female who was admitted to the Gynecology unit two days ago. She had a D & C yesterday for excessive vaginal bleeding. At the time of the D & C it was determined that she also had a moderately inflammed and irritated vaginal tract. You are working the 3:00 p.m. shift and are assigned to medications for the Gynecology unit. Prepare and administer the medication ordered for Ms. Sherman at 5:00 p.m.

Situation # 2

Mrs. Mary Carter is a 79 year old female recently admitted to room #220 of the nursing home where you work. When admitted she was in a very poor state of health. However, with proper diet and medication she is much improved except for a fungus infection that has spread throughout her body. The infection has also affected her skin, especially her arms and legs and her vaginal region. You are working the 8:00 a.m. to 4:00 p.m. shift and are doing some of the medications and treatments. You have been asked to insert Mrs. Carter's vaginal suppository for 9:00 a.m.

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ACTIVITIES

KARDEX CARDS
FOR
PATIENT SITUATIONS FOR VAGINAL SUPPOSITORIES

Medication:

Empirin c̄ Codeine "o" 30 mg q̄ 4 hr. prn for discomfort

AVC Suppository ī inserted intra vaginally bid
9 am 5 pm

Diagnosis: D & C for excessive vaginal bleeding;
Vaginitis

212 Sherman, Velma Age: 33 Physician: Dr. E. Frost

Situation # 1

Medication:

Declomycin 150 mg cap ī q̄ 6 hr 6 am 12 noon 6 pm
12 mid.

Lotrimin Cream 1% applied topically to irritated areas on arms and legs - bid 9 am 9 pm

Tricofuron Vaginal Suppository ī inserted intra vaginally in am & hs. 9 am - 9 pm (remain supine for 10 min. after insertion)

Diagnosis: Generalized & Vaginal Fungus Infection

220 Carter, Mary Age: 79 Physician: Dr. S. Richards

Situation # 2

GO ON TO PAGE 20

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INSTRUCTIONS

1. Check with your teacher to make certain you have completed all activities

2. If all activities are completed and you feel you have reached the objective, tell your teacher you are ready for the "master test"

3. If all activities are completed and you do not feel ready to take the "master test", see your teacher.

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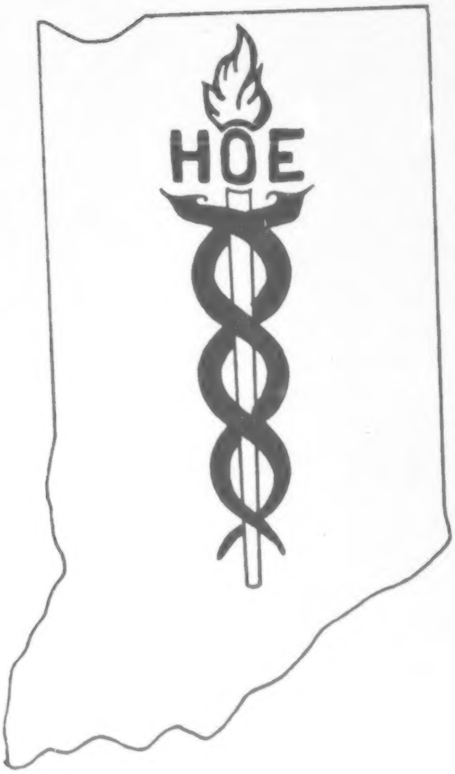
HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2

STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

STATE OF INDIANA



# A - 9 - 30

"INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT"

MASTER TEST

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INSERT A RECTAL OR VAGINAL SUPPOSITORY FOR A PATIENT

MASTER TEST

INSTRUCTIONS

1. Sign up on the appropriate schedule for the master test.

2. If you are to use a student partner as a patient, select a partner from the list of persons available at the time of your testing. (You are responsible for being present for your testing, with your partner, if indicated, at the proper time and place).

3. This test consists of two (2) parts:

    a. perform 1 of 2 possible rectal suppository insertions and chart what you did and observed accurately

    b. perform 1 of 2 possible vaginal suppository insertions and chart what you did and observed accurately

4. A check list for each part of the test is provided in this booklet. Write your name and the date on each one.

5. When you go to the testing area, turn the booklet to page 2 and give it to your teacher.

6. When you perform the suppository insertions your teacher will have you draw for the situations you are to perform.

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NAME: ______________________ DATE: ____________

☐ Rectal Suppository Insertion ☐ Vaginal Suppository Insertion

CHECK LIST
FOR
INSERTING RECTAL OR VAGINAL SUPPOSITORY

MASTER TEST

U	S		
		1.	Verifies order with doctor's order on Kardex and/or patient's chart *
		2.	Obtains keys for the medication area
		3.	Washes hands before proceeding with medication *
		4.	Verifies label on medication wrapper or container with order *
		5.	Assembles medication and any appropriate supplies
		6.	Identifies patient in correct manner *
		7.	Explains task to patient
		8.	Assembles appropriate supplies in patient's unit
		9.	Provides privacy for patient
		10.	Positions patient properly for task performing *
		11.	Drapes patient correctly for task
		12.	Protects linens during task
		13.	Verifies medication with order at the bedside *
		14.	Inserts suppository medication correctly for area of insertion *

GO ON TO PAGE 3

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NAME: ______________________ DATE: ______________

☐ Rectal Suppository Insertion ☐ Vaginal Suppository Insertion

HOE

MASTER TEST

CHECK LIST
FOR
INSERTING RECTAL OR VAGINAL SUPPOSITORY

U	S	
____	____	15. Maintains medical asepsis during suppository insertion *
____	____	16. Maintains safety factors for patient during task *
____	____	17. Observes patient during suppository insertion *
____	____	18. Makes patient comfortable following insertion
____	____	19. Cleans patient area after insertion
____	____	20. Recognizes limitations in regard to insertion or related tasks (if applicable) *
____	____	21. Alters task to needs of patient (if applicable) *
____	____	22. Sequences steps of task for best use of time and materials
____	____	23. Records and/or reports suppository insertion and observations accurately *
____	____	24. Completes insertion of suppository within 20 minutes

100 % accuracy on all points with (*)

75 % accuracy on all other points

(may miss no more than 3)

SCORE * POINTS ____

SCORE OTHER POINTS ____

FINAL SCORE ____

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NAME: ______________________________ DATE: ______________

☐ Rectal Suppository Insertion ☐ Vaginal Suppository Insertion

CHECK LIST
FOR
INSERTING RECTAL OR VAGINAL SUPPOSITORY

MASTER TEST

U S

_____ _____ 1. Verifies order with doctor's order on Kardex and/or patient's chart *

_____ _____ 2. Obtains keys for the medication area

_____ _____ 3. Washes hands before proceeding with medication *

_____ _____ 4. Verifies label on medication wrapper or container with order *

_____ _____ 5. Assembles medication and any appropriate supplies

_____ _____ 6. Identifies patient in correct manner *

_____ _____ 7. Explains task to patient

_____ _____ 8. Assembles appropriate supplies in patient's unit

_____ _____ 9. Provides privacy for patient

_____ _____ 10. Positions patient properly for task performing *

_____ _____ 11. Drapes patient correctly for task

_____ _____ 12. Protects linens during task

_____ _____ 13. Verifies medication with order at the bedside *

_____ _____ 14. Inserts suppository medication correctly for area of insertion *

GO ON TO PAGE 5

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NAME: ______________________ DATE: ______________

☐ Rectal Suppository Insertion

☐ Vaginal Suppository Insertion

HOE

MASTER TEST

CHECK LIST
FOR
INSERTING RECTAL OR VAGINAL SUPPOSITORY

U	S	
____	____	15. Maintains medical asepsis during suppository insertion *
____	____	16. Maintains safety factors for patient during task *
____	____	17. Observes patient during suppository insertion *
____	____	18. Makes patient comfortable following insertion
____	____	19. Cleans patient area after insertion
____	____	20. Recognizes limitations in regard to insertion or related tasks (if applicable) *
____	____	21. Alters task to needs of patient (if applicable) *
____	____	22. Sequences steps of task for best use of time and materials
____	____	23. Records and/or reports suppository insertion and observations accurately *
____	____	24. Completes insertion of suppository within 20 minutes

100 % accuracy on all points with (*)

75 % accuracy on all other points

(may miss no more than 3)

SCORE * POINTS ____

SCORE OTHER POINTS ____

FINAL SCORE ____

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INSTRUCTIONS

UPON COMPLETION OF THE MASTER TEST

1. Check with your teacher to see if you passed the master test.

2. If you passed the master test for this module, consult the schedule for the area of study you should start next.

3. If you did not pass the master test, see your teacher to find out how you should proceed.

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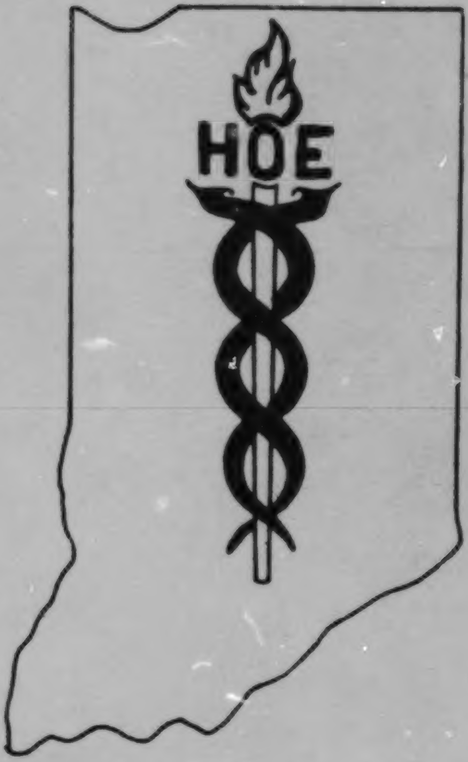
HEALTH OCCUPATIONS PROGRAM EDUCATORS

GRANT # 16-76T-D-2



NURSING TREATMENTS: MEDICINAL

TEACHER'S GUIDE

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NURSING TREATMENTS: MEDICINAL

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Performance Based Health Occupations Curriculum

INTRODUCTION

Health Occupations Education is one of the newest areas in vocational education. In 1900 there were only .5 million workers in health occupations in the United States and 97% of these were doctors and dentists. By 1966 there were 2.8 million workers in the field with only 16% being doctors and dentists and 84% allied health workers (119,000 of these in Indiana alone and it is projected that by 1985, Indiana will have 132,000).

In the Dictionary of Occuptional Titles (DOT) published by the U.S. Office of Education, there are over 400 job titles in the health occupations field. (125 of which are directly related with preventive or immediate care of human beings). Training time for these 400 plus job titles vary from four or more years of education to less than one year. All those less than four years are referred to as vocational programs and should have, as the emphasis of their curriculii, manual performances or psycho-motor skills.

In the state of Indiana, this Project of Health Occupations Program Educators have identified 87 job titles considered to be vocational in nature. These 87 job titles have been arranged into 17 categories, according to the one each best belongs. A full listing can be found on page 4. Surveys were made [illegible]termine how many, if any, of the 87 job titles performed the [illegible] psycho-motor skills. Although there were no common psycho-motor skills for all 87 job titles, it was found that there were some technical (cognitive) areas common to all and there were several

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INTRODUCTION

technical areas and psycho-motor skills common to some categories and many technical areas and psycho-motor skills common within a single category.

It has been established for many years that persons with varying job titles can be in a technical learning situation together. Many vocational educators are of the opinion that persons of varying job titles can also be placed in psycho-motor skill learning situations together, providing pre-requisite skills, instructional objectives and tests to meet the criterion of the objectives are developed and utilized. Based on the afore-mentioned premise, performance based or psycho-motor skill materials have been developed by this project for certain health occupation job titles.

To date, only the nursing category of health occupations material has been addressed. The psycho-motor skills of the nursing category have been divided into 17 groups or blocks with the skills being listed in an order of the simple to the complex for each block. Technical areas pertinent to the understanding of the psycho-motor skills have been established. A listing of these groups or blocks can be found on page 5.

From these blocks, selected psycho-motor skills have been analyzed and technical areas scrutinized. Instructional (terminal) objectives, student activities and criterion-referenced tests have been written for these selected psycho-motor skills and

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INTRODUCTION

technical selected psycho-motor skills and technical areas and then assembled into learning modules or packages.

The information found in this teacher guide has been developed to assist the teacher with implementation of the performance based curricular materials written for the block or unit of nursing psycho-motor skills and related technical information identified on the cover. (The curriculum unit will carry the same number as the block of skills or technical information). A full listing of the psycho-motor skills and technical areas for this unit can be found on pages 6 - 8.

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INDIANA HEALTH OCCUPATION EDUCATION CLUSTER MATRIX

Sub Cluster	Category	Job Title	Task	Category CORE	Sub Cluster CORE	Cluster CORE
Patient Care Services	Ancillary (1.5) (Continued)	55. Orthopedic Physician's Assistant 56. Circulation/Extra Corporeal Technician 57. Hemodialysis Technician 58. Orthopedic Cast Specialist 59. Pharmacy Aide/Technician 60. House Keeping Worker	Task Inventories Available for each Job Title	Tasks Common to Ancillary Category	Tasks Common to Patient Care Services Sub Cluster	Tasks Common to Health Occupations Education Cluster
	Dietary (1.6)	61. Dietetic Aide 62. Dietary Technician	Task Inventories Available for each Job Title	Tasks Common to Dietary Category		
Dental Care Services	Direct Patient Contact (2.1)	63. Dental Assistant 64. Oral Surgery Dental Assistant 65. Orthodontic Dental Assistant 66. Pedadontic Dental Assistant 67. Endodontic Dental Assistant 68. Expanded Duties Dental Assistant	Task Inventories Available for each Job Title	Tasks Common to Direct Patient Contact Category	Tasks Common to Dental Care Services Sub Cluster	
	Indirect Patient Services (2.2)	69. Dental Receptionist 70. Dental Laboratory Technician	Task Inventories Available for each Job Title	Tasks Common to Indirect Patient Services Category	Tasks Common to Dental Services Sub Cluster	
Medical & Clerical Services	Medical Records Services (3.1)	71. Medical Transcriber 72. Medical Stenographer 73. Medical-Dental Secretary 74. Medical Librarian Assistant 75. Medical Records Clerk 76. Medical Records Technician 77. Insurance Clerk	Task Inventories Available for each Job Title	Tasks Common to Medical Records Services Category	Tasks Common to Medical and Clerical Services Sub Cluster	
	Clinical (3.2)	78. Ward-Unit Clerk 79. Ward Secretary 80. Medical Assistant	Task Inventories Available for each Job Title	Tasks Common to Clinical Category		
Animal Care	Nursing Service (4.1)	81. Veterinary Assistant 82. Groomer	Task Inventories Available for each Job Title	Tasks Common to Nursing Service Category	Tasks Common to Animal Care Sub Cluster	
	Diagnostic (4.2)	83. Veterinary Lab Assistant 84. Veterinary X-Ray Assistant 85. Cage-Care Attendant	Task Inventories Available for each Job Title	Tasks Common to Diagnostic Category		
	Auxiliary (4.3)	86. Receptionist 87. Record Keeper	"	Task Common to Aux. Cate.		

This matrix was developed as a part of Project 40-74-D-5 funded by the State Board of Vocational and Technical Education.

BLOCKS (UNITS) FOR

PSYCHO-MOTOR SKILLS IN NURSING

UNIT I . . . . Vocational Guidance

UNIT II . . . . Aseptic Techniques

UNIT III . . . . Patient Comfort Duties: Physical

UNIT IV . . . . Patient Comfort Duties: Mental

UNIT V . . . . Vital Signs & Observational Duties

UNIT VI . . . . Life-Sustaining Duties

UNIT VII . . . . Nursing Treatments: Physical

UNIT VIII . . . . Nursing Treatments: Diagnostic

UNIT IX . . . . Nursing Treatments: Medicinal

UNIT X . . . . Secretarial Duties

UNIT XI . . . . Physician Assisting Duties

UNIT XII . . . . Managerial Duties

UNIT XIII . . . . Health Teaching Duties

UNIT XIV . . . . Rehabilitative Duties

UNIT XV . . . . Ancillary Duties: Housekeeping

UNIT XVI . . . . Ancillary Duties: Dietary

UNIT XVII . . . . Ancillary Duties: Mechnical

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AREAS OF STUDY

FOR UNIT IX

NURSING TREATMENTS & MEDICINAL

#A - 9 - 1 . . . . Overview of Preparing and Administering Medications

#A - 9 - 2 . . . . Medication Fundamentals

#A - 9 - 3 . . . . Principles of Medication Therapy

#A - 9 - 4 . . . . Medications for the Skeletal Muscular Systems

#A - 9 - 5 . . . . Medications for the Nervous and Sensory Systems

#A - 9 - 6 . . . . Medications for the Respiratory System

#A - 9 - 7 . . . . Medications for the Circulatory System

#A - 9 - 8 . . . . Medications for the Upper Digestive System

#A - 9 - 9 . . . . Medications for the Lower Digestive System

#A - 9 - 10 . . . . Medications for the Urinary and Male Reproductive Systems

#A - 9 - 11 . . . . Medications for the Endocrine and Femal Reproductive System

#A - 9 - 12 . . . . Medications for the Skin

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#A - 9 - 13 . . . . Anti-Infectives and Anti-Inflammatory Medications

#A - 9 - 14 . . . . Factors That Alter Medication Effectiveness

#A - 9 - 15 . . . . Medications As They Relate to the Care of the Aged

#A - 9 - 16 . . . . Medication Storage

#A - 9 - 17 . . . . Medication Orders - What They Mean

#A - 9 - 18 . . . . Application of Medication Orders

#A - 9 - 19 . . . . Medication Delivery Systems

#A - 9 - 20 . . . . Principles of Medication Administration

#A - 9 - 21 . . . . Charting Medications

#A - 9 - 22 . . . . Legal and Ethical Obligations of Medication Administration

#A - 9 - 23*. . . . . Prepare Oral Medication for a Patient

#A - 9 - 24*. . . . . Administer Oral Medication To A Patient

#A - 9 - 25*. . . . . Count Narcotics and Controlled Drugs to Establish Accuracy of Supply

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#A - 9 - 26*	Apply Topical Medications for a Patient
#A - 9 - 27*	Instill Eye Medication for a Patient
#A - 9 - 28*	Instill Ear Medications for a Patient
#A - 9 - 29*	Instill Nasal Medication for a Patient
#A - 9 - 30*	Insert a Rectal or Vaginal Suppository
#A - 9 - 31	Methods and Principles of Parenteral Preparation and Administration
#A - 9 - 32	Prepare a Parenteral Injection for a Patient
#A - 9 - 33	Administer a Subcutaneous Injection to a Patient
#A - 9 - 34	Administer An Intramuscular Injection to a Patient
#A - 9 - 35	Administer An Intradermal Injection to a Patient
#A - 9 - 36	Prepare Liquid Additives for an Intravenous Infusion for a Patient

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#A - 9 - 37 . . . . Instill Liquid Additives Into An Intravenous Infusion for a Patient

#A - 9 - 38 . . . . Administer An Intravenous Infusion To A Patient

#A - 9 - 39 . . . . Principles of Inhalation Therapy

#A - 9 - 40 . . . . Administer Medication By Inhalation For A Patient

#A - 9 - 41 . . . . Principles of Instilling Medication Into Body Cavities

#A - 9 - 42 . . . . Instill Medication Into A Body Cavity

#A - 9 - 43 . . . . Take and Record Physician's Orders

#A - 9 - 44 . . . . Transcribe Physician's Orders

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THE VOCATIONAL TEACHER:

MANAGER OF CURRICULUM

Vocational education has come into its own. Hundreds of thousands of people are seeking education and training for specific job titles. Instructional patterns of the past have been to give students a specified number of hours of theory and practice. Minimal to moderate emphasis has been placed on a measurable level of the student's abilities or competence and not too much thought to follow up. But a new age is upon us. Following completion of a vocational program students expect successful placement in the job title of their choice and employers expect a high-quality, Compotent worker. Frequently qualified teachers, learning facilities and proper equipment are at a premimum and hard to come by. Psycho-motor skills and pertinent technical information must be taught as well as laboratory experience, both class-room and clinical, incorporated. The end goal of vocational education has become success for all students.

In order to meet these over-whelming and ever increasing demands, vocational teachers must adopt new methods of teaching. No longer can the teacher be the chief source of information, but must become a manager of instruction or curriculum. As a manager of curriculum the vocational teacher would have three prime functions; namely instructor, motivator and manager. Actual verbal or physical instruction would be minimal and given only when appropriate. The conditions for instruction would include:

(1) when the student asked
(2) when there was no other source
(3) when there were learning problems requiring help

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For the vocation teacher, motivating the student to perform is an obligation. Teacher motivation gives maximum support to the student by:

(1) providing favorable consequences
(2) removing obstacles to learning
(3) providing a model for the student to follow for affective performance (such as with enthusiasm and positiveness)

For third function of the vocational teacher is that of managing class resources. If teachers are no longer the main source of information for the students, then their management must include:

(1) the right resources at the right time
(2) extensive and thorough class records
(3) insurance of student progress

The materials developed by this project have born in mind the changing role of the vocational teacher. In the curriculum that has been developed, every effort has been made to assist the teacher become a true "manager of curriculum" instead of a "deliverer of information." This guide has been written to assist Health Occupations Educators utilize the curriculum developed for this unit of study to its maximum.

FORMS FOR CLASS MANAGEMENT

INFORMATION

To be a true manager of curriculum, accurate records are imperative. In order to assist a student perform to the best of his or her ability, the teacher must be aware at all times of:

1. the desires and interests of each student
2. the academic level of each student
3. the performance level of each student
4. the patterns of learning of each student
5. the barriers to learning of each student
6. the performance progress of each student

Tasks such as taking attendance, classroom and laboratory neatness, displays and bulletin boards, equipment and supplies (assemble, storage and inventory), scheduling of conferences, etc. are very time consuming. Students can and should be responsible for sharing with or alleviating these types of tasks. Samples of possible forms that could be used to enable the students to help the teacher can be found on pages 12 - 20. These forms are only ideas and could be altered in any manner that the teacher would see fit.

GENERAL SUGGESTIONS FOR USE OF FORMS

1. Schedules are vital; have lists prepared in advance, keep posted prior to session, then use them for taking attendance. To be constantly aware of what students have had or may have missed, schedules could be kept in a loose leaf binder for a period of time.

2. Let the students be responsible for signing up for lectures, demonstrations and other flexible schedules (they will have to be responsible for themselves in a work situation). It is suggested, however, that the teacher assign laboratory groups to assure that each student works with various peers and to prevent "Cliques" from developing.

3. For lectures, large groups of students can be instructed at one time, however, small groups are usually more meaningful, especially for discussion. If lectures are missed by students or students are advanced it is very valuable to have audio-tapes. (Pictures can be drawn from which slides can be made to accompany audio-tapes).

4. For demonstrations, it is imperative that there be only small groups of students. No group should exceed 12 - 15 students. Multiple demonstrations, frequently relieve problems due to absenteeism. However, if demonstrations are missed completely or students are advanced, video-tapes, films, or slides can be made to prevent continual repeats of a demonstration. Commerical audio-visuals are frequently available also.

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GENERAL SUGGESTIONS

5. For laboratory practice, maintain a check off list for all multiple situations (even though the student need not practice all of them). Then if the student lacks confidence for the master test or does not pass it satisfactorily, the teacher can help determine possible problem, lack of understanding etc. on the part of the student. (Remember the student is responsible for checking the laboratory schedule).

6. If equipment and facilities are available for a student to proceed independently, maintain a list of the area of study to which the student is to proceed following successful completion of a given master test.

7. Maintain running or annecdotal notations for each student. Entries should be made for any unusual observations, favorable or unfavorable. Besides unusual observations routine notations should be made not less than every two weeks. Conferences regarding student progress should be held routinely. (No forms regarding student conferences have been included, but there are general ones available in other teaching guides).

8. Students should also share the work load of assembly, neatness, displays etc., in fact they are usually more stern with their classmates than the teacher. Every student should help with something to improve the learning environment.

HOE

LECTURE FORM

TITLE OF LECTURE Principles of Oral Medications

DATE 4 - 14- 77 TIME 9:00 a.m. LOCATION Rm. 256

STUDENT	PRESENT	STUDENT	PRESENT	STUDENT	
1. S. Mason	✓	15. D. Anderson	✓	29. —	
2. P. Carlson	✓	16. L. Pressler	✓	30. —	
3. T. Bangs	✓	17. W. Keefer	✓	31. —	
4. L. Barker	✓	18. P. Franke	✓	32. —	
5. M. Barker	✓	19. J. Briggs	✓	33. —	
6. A. Smith	O	20. T. Ulner	✓	34. —	
7. C. Thompson	✓	21. M. Sarver	✓	35. —	
8. R. Morgan	✓	22. H. Moyer	✓	36. —	
9. J. Keck	O	23. S. Lepper	✓	37. —	
10. R. Friehill	✓	24. N. Price	O	38. —	
11. W. Brooks	✓	25. —		39. —	
12. C. Allen	✓	26. —		40. —	
13. M. Putt	✓	27. —		41. —	
14. D. Turner	O	28. —		42. —	

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HOE

DEMONSTRATION FORM

TITLE OF DEMONSTRATION:

HOW TO PREPARE ORAL MEDICATIONS

DATE: 4-14-77 TIME: 10:30 a.m. LOCATION 281

4-14-77 1:00 p.m. 281

Date 4-14-77	Time 10:30 a.m.	Date 4-14-77	Time 1:00 p.m.
STUDENT	PRESENT	STUDENT	PRESENT
1. S. Mason	✓	1. P. Cardson	✓
2. N. Price	✓	2. C. Thompson	✓
3. P. Franks	✓	3. J. Kech	o
4. L. Barker	✓	4. R. Morgan	✓
5. A. Smith	✓	5. W. Brooks	✓
6. R. Freehill	✓	6. C. A[illegible]en	✓
7. D. Turner	o	7. J. Briggs	✓
8. S. Lepper	✓	8. M. Sarver	✓
9. W. Keefer	✓	9. D. Anderson	✓
10. H. Moyer	✓	10. M. Barker	✓
11. T. Ulner	✓	11. M. Putt	✓
12. L. Pressler	✓	12. T. Bangs	o
13. —	✓	13. —	
14. —		14. —	

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LABORATORY SCHEDULE FORM

WEEKS OF: 4-14-77 - 4-17-77 and 4-21-77 - 4-24-77

LOCATION: Nursing Skills Laboratory (281)

TIME: Group 1 10:30 a.m. - 11:30 a.m.
Group 2 12:00 Noon - 1:00 p.m.
Group 3 2:00 p.m. - 3:00 p.m.

GROUP 1		GROUP 2		GROUP 3	
STUDENT	PRESENT	STUDENT	PRESENT	STUDENT	PRESENT
1. W. Keefer	✓	1. L. Barker	✓	1. L. Pressler	✓
2. H. Moyer	✓	2. T. Ulner	✓	2. M. Sarver	✓
3. P. Franks	✓	3. W. Brooks	✓	3. S. Mason	✓
4. S. Lepper	✓	4. T. Bangs	✓	4. P. Carlson	✓
5. D. Turner	0	5. N. Price	✓	5. R. Freehill	✓
6. C. Thompson	✓	6. A. Smith	✓	6. J. Keck	0
7. J. Briggs	✓	7. M. Putt	✓	7. C. Allen	✓
8. R. Morgan	✓	8. D. Anderson	✓	8. M. Barker	✓
9. —		9. —		9. —	
10. —		10. —		10. —	
11. —		11. —		11. —	

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LABORATORY
CHECK OFF FORM

UNIT OF STUDY: IX-NURSING TREATMENTS: MEDICINE

DATES: 4-14-77 through 6-14-77

STUDENT	No. A-9-23				No. A-9-24				No. A-9-25				No. A-9-26			
	Unit Dose	Multiple Dose-Solid	Multiple Dose-Liquid	Narcotic or Cont. Drug	Situation No. 1	Situation No. 2	Situation No. 3	Situation No. 4	Situation No. 1	Situation No. 2	Situation No. 3	Situation No. 4	Situation No. 1	Situation No. 2	Situation No. 3	Situation No. 4
1. C. Allen	X	X	X	X		X	X		X	X	X		X			X
2. D. Anderson	X	X	X	X	X	X	X	X	X			X		X	X	
3. T. Barges	X	X	X	X	X	X				X	X		X			
4. L. Barker	X	X	X	X		X	X		X		X					
5. N. Barker	X	X	X	X	X	X	X	X		X		X				
6. J. Briggs	X	X	X	X		X		X			X	X		X		
7. W. Brooks	X	X	X	X		X	X		X	X	X	X	X		X	
8. P. Carlson	X	X	X	X	X		X			X	X					
9. P. Franks	X	X	X	X	X	X	X			X	X		X			
10. R. Freehill	X	X	X	X			X	X		X	X					
11. J. Kech	X	X	X	X		X	X	X			X					
12. W. Keefer	X	X	X	X		X		X	X	X	X	X		X		X
13. S. Lepper	X	X	X	X	X			X		X	X		X			
14. S. Mason	X	X	X	X		X	X		X	X	X	X			X	
N. Moyer	X	X	X	X	X	X	X	X			X					

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MASTER TEST FORM

LOCATION: Nursing Skills Laboratory (281)

DATE: 4-18-77 GROUP: 2

TIME: 8:30 a.m. - 11:30 a.m.

TIME	STUDENT	Performance Test	Times Test Taken	Present	Grade	Conference
8:30 am	T. Bangs	Prepare Oral Medication	1	✓	S	—
8:50 am	D. Anderson	Prepare Oral Medication	1	✓	S	—
9:10 am	T. Ulner	Charting Medication	2	✓	U	4-21-77 8:30 am
9:30 am	N. Price	Charting Medications	2	✓	S	—
9:50 am	M. Putt	Prepare Oral Medications	1	✓	U	4-21-77 8:45 am
10:10 am	—	—		—		
10:30 am	L. Barker	Prepare Oral Medications	1	✓	S	—
10:50 am	W. Brooke	Prepare Oral Medicatons	1	0	Re-schedule	—
11:10 am	A. Smith	Prepare Oral Medications	1	✓	S	—

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INDIVIDUAL STUDENT ANECTDOTAL NOTATION FORM

STUDENT: T. Ulner

4-14-77 Performance satisfactory this week. Prepared oral medication effeciently - minimal time

C. Smith, R.N.

4-21-77 Had difficulty in laboratory practice with administration of medications. Seems to have difficulty relating to student patient

C. Smith, R.N.

4-23-77 Continues to have difficulty in laboratory practice. Possible personality conflict. Partner changed

C. Smith, R.N.

4-25-77 Laboratory practice improved. Scheduled master test for Administration of Oral Medication and passed satisfactorily - took full time for uncomplicated test. Performance unsatisfactory on complicated situation.

C. Smith, R.N.

4-30-77 Took master test on Administration of Oral Medication for complicated situation. Performance remains unsatisfactory. Conference scheduled for 5-1-77 @ 8:30 a.m.

C. Smith, R.N.

5-1-77 During conference Miss Ulner revealed that her grandmother had died in the hospital after receiving the wrong medication. She is extremely frightened of making an error. States she feels better for having talked about the situation and will try the master test again.

C. Smith, R.N.

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WORK FORMS

CLASS ROOM MONITOR - 1 WEEKLY

DUTIES:
1) Open classroom
2) Adjust heating, ventilation & lighting
3) Maintain neatness
4) Dismiss class
5) Lock classroom

STUDENT	DATE	STUDENT	DATE	STUDENT	DATE
1. S. Mason	4-14-77	7. J. Briggs	5-24-77	13. —	—
2. P. Franks	4-21-77	8. M. Barker	6-1-77	14. —	—
3. A. Smith	4-28-77	9. —	—	15. —	—
4. D. Turner	5-3-77	10. —	—	16. —	—
5. W. Keefer	5-10-77	11. —	—	17. —	—
6. T. Ulner	5-17-77	12. —	—	18. —	—

LABORATORY MONITORS - 2 WEEKLY

DUTIES:
1) Open laboratory
2) Adjust heating, ventilation & lighting
3) Assemble daily supplies
4) Maintain neatness
5) Return supplies
6) Dismiss class
7) Lock classroom

STUDENTS	DATE	STUDENTS	DATE
1. N. Price & P. Carlson	4-14-77	6. L. Pressler & C. Allen	5-17-77
2. L. Barker & C. Thompson	4-21-77	7. M. Sarver & D. Anderson	5-24-77
3. R. Freehill & J. Kech	4-28-77	8. M. Putt & T. Bangs	6-1-77
4. S. Lepper & R. Morgan	5-3-77	9 —	—
5. H. Moyer & W. Brooks	5-10-77	10. —	—

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SUGGESTIONS FOR EQUIPMENT & SUPPLIES FOR EACH AREA OF STUDY

INSTRUCTIONS

# A - 9 - 1 thru # A - 9 - 22 (under development)

# A - 9 - 23 Prepare An Oral Medication For a Patient

1. The suggested text for this module is Wood's Nursing Skills for the Allied Health Services, Vol. 3. The exact reference is listed in the learning module for the student. An additional list of reference texts is given on page 35.

2. A list of related commercial audio-visuals that might be helpful to the student can be found on pages 36-38. Individual facilities and teachers vary; to suppliment lectures and demonstrations for absentee or advanced students, the teacher may want to prepare audio-tapes, slides, films, videotapes or similar types of help. (A list of current teacher made materials across the state of Indiana should be available by fall of 1977 through another component of this project).

3. It is suggested that demonstrations be given in the nursing skills laboratory or designated area. This would eliminate having to take equipment and supplies to the classroom. The list of necessary equipment listed here is considered adequate for 10-12 students. Larger groups should be gauged accordingly. Equipment and supplies for this module should include the following:
    a. simulated laboratory (a full room is not necessary; a section of a room can be designated and prove quite adequate)

INSTRUCTIONS

3. con't.

   b. four patient's charts with selected medication orders (these can be transcribed from the information found on the Kardex cards of the learning module pages 17 and 18; "other orders" can be added if desired)

   c. Kardex system with cards identical to those on pages 17 and 18 (nursing care cards may be added if desired).

   d. appropriate medication cards (if the facility where the student will be practicing clinically uses another system - that system should be substituted)

   e. medication tray and/or cart

   f. appropriate medication to go with Kardex cards; if simulated medication is used, make certain the medication has the same general appearance as the real medication (also make certain there is both unit - dose and quantity container medication)

   g. medication cabinet or cart will lock facilities (simulate a special area for narcotics and controlled drugs)

   h. keys that do unlock the medication storage facilities

   i. medication cups - both souffle and calibrated

   j. water pitcher, drinking cups and any additional equipment needed for alteration of administration (teacher's perrogative, but needs to coincide with situations on pages 15 and 16.

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   k. narcotic or controlled drugs sign out book

4. Keeping up supplies for practice sessions and testing can be very time consuming; utilize the weekly student monitors for the laboratory in assembling, putting away, and inventoring necessary supplies prior to laboratory or testing times.

5. Since the purpose of vocational education is success for all students, students should be permitted to re-test until they master a psycho-motor skill or decide not to proceed further. However, we also realize there are limits for everyone. It is suggested that students be permitted to take a master test 3 times. If they still are unable to perform, a thorough study of their progress to that point should be made and the outcome of how to proceed based upon past progress and regulations of the program involved.

. . . .

# A - 9 - 24 Administer An Oral Medication To a Patient

1. Text and audio-visuals recommendations are the same as for learning module # A-9-23, Prepare An Oral Medication for a Patient.

2. Supplies and equipment are the same as for learning and modules #A-9-23, Prepare An Oral Medication For a Patient, plus the following items:
   a. a student partner as a patient
   b. equipment for complete patient's unit
   c. an identification band for the patient

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INSTRUCTIONS

d. suitable supplies and equipment to coincide with the standard and complicated patient situations in the student learning module

3. During the laboratory practice and the master test, it will be the perrogative of the teacher as to whether the "medication" is actually administered to the "patient". It is suggested, however, that the more authentic the learning situation can be the more the student profits from the laboratory situation. If the "medication" is to be administered it will be necessary to use simulated, ingestable tablets, powders, and liquids.

4. It should be stressed with the students that although the learning module states that they only need to practice 2 standard situations and 2 complicated situations, for the actual master test they might "draw": any one of the four standard or complicated situations and be expected to perform accordingly.

5. Time limits on master tests are very important as many times the student will be working under pressure in "real" situations and be expected to perform accurately. However, the needs of the patient are also important, so in situations where students are to also consider intervening factors in addition to their given task, time limits have not been stipulated. The teacher may impose time limits if so desired, but should bear in mind that to do so would necessitate a "script - like" enactment on the part of those students simulating patients, visitors, department workers etc.

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INSTRUCTIONS

# A-9-25 Count Narcotics or Controlled Drugs to Determine The Accuracy of Inventory Records

1. Text and audio-visual recommendations are the same as for learning modules #A-9-23.

2. Supplies and equipment needed include:

   a. simulated laboratory or practice area

   b. medication cabinet or cart with additional locked facilities for narcotics and controlled drugs

   c. keys to fit medication storage area

   d. simulated medication (normal appearance) to coincide with medications listed in learning module

   e. narcotics or controlled sign out book with sheet for each medication

   f. 17 patients' charts or chart set ups to coincide with complicated situations in learning module

   g. Kardex with cards to coincide with the 17 patient's charts. (doctors' names, diagnosis and age should be added for authenticity)

3. The sheets of the narcotic and controlled sign out book and patient's charts should be set up to coincide with the sheets for the standard situations found in the student learning module. For the complicated situations the Kardex cards and patients charts should be set up according to the following manner: (Following page)

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INSTRUCTIONS

Situation # 1

ROOM	PATIENT	ORDER	ADMINISTRATION
163	Paul Parent	Benzadrine 5 mg cap tid & hr	2-13-77 5:00 pm 9:00 pm
166	Bill Long	Benzadrine 5 mg cap tid & hr	2-13-77 (on 24 hr. pass 12 noon)
* 167	Martha Conger	Benzadrine 5 mg cap tid & hr	2-13-77 5:00 pm on 4 hr. pass at 7:00 pm

. . . .

Situation # 2

ROOM	PATIENT	ORDER	ADMINISTRATION
189	William Walls	Placidyl 500 mg @ hr for sleep (May repeat once in 2-3 hrs. if needed).	12-13-77 11:45 pm Placidyl 500 mg
192	Sam Irving	Placidyl 500 mg @ hr for sleep (may repeat once in 2-3 hours if needed)	12-13-77 11:55 pm Placidyl 500 mg 12-14-77 2:30 am Placidyl 500 mg

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INSTRUCTIONS

Situation # 2 con't.

ROOM	PATIENT	ORDER	ADMINISTRATION
193	Gary Houser	Placidyl 500 mg @ hr for sleep (May repeat once in 2-3 hr if needed)	12-14-77 12:10 am Placidyl 500 mg 3:15 am Placidyl 500 mg
197	Freda Yoort	Placidyl 500 mg @ hr for sleep	12-14-77 12:05 am Placidyl 500 mg

* (sheet in sign out book - wrong from pharmacist)

. . . .

Situation # 3

ROOM	PATIENT	ORDER	ADMINISTRATION
512	Mary Brand	Seconal 200 mg @ hr nightly	2-13-77 9:45 pm Seconal 200 mg
517	Patrick Ramsey	Seconal 100 mg @ hr prn for sleep	2-13-77 10:00 pm Seconal 100 mg
521	Frances Lester	Seconal 100-200mg @ hr prn for sleep	2-13-77 refused Seconal
* 521_2	Toni Slona	Seconal 100-200mg @ hr prn for sleep	2-13-77 9:55 pm Seconal 200 mg
524	Clint Gibbs	Seconal 100 mg @ hr nightly	2-13-77 9:30 pm Seconal 100 mg
525_2	Bertha Green	Seconal 100-200mg @ hr prn	2-13-77 refused Seconal

. . . .

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Situation # 4

ROOM	PATIENT	ORDER	ADMINISTRATION
472	Priscilla Hunt	Codeine 30 mg q̄ 4 hr prn for pain in hand	2-13-77 5:00 pm 9:00 pm Codeine 30 mg
* 476_1	Leon Murphy	Codeine 30 mg ac and hr	2-13-77 4:30 pm 9:30 pm Codeine 30 mg
476_2	Chester Alexander (admitted 10:10 pm)	Codeine 30 mg Stat and q̄ 4 hr prn for excess. cough.	2-13-77 10:20 pm Codeine 30 mg
479	Betty Simpson	Codeine 30 mg q̄ 3-4 hr prn for chest pain	2-13-77 (none given)

(* Indicates the error for each of the four situations)

4. The same suggestions regarding selection of situations for practice by the students and time limits for the master test as given for learning module # A-9-24 are applicable to this learning module also.

. . . .

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INSTRUCTIONS

# A - 9 - 26 Apply Topical Medications For A Patient

1. Text and audio-visual recommendations are the same as for learning module # A-9-23.

2. Supplies and equipment needed include:

   a. school laboratory or designated area
   b. student partner for a patient
   c. completely equipped standard patient's unit
   d. medication storage area
   e. storage area keys
   f. appropriate medication or simulated medication
   g. medication tray
   h. gloves
   i. tongue blades
   j. 4 X 4's (or similar bandages)
   k. tape (variety of types and widths)
   l. stretch roller gauze (variety of widths)
   m. cotton balls
   n. Kardex with cards to match cards and situations in learning module
   o. medication cards or appropriate administration method to match medication orders
   p. 4 patients charts with orders to match situations in learning module
   q. identification band for student patient

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INSTRUCTIONS

3. During laboratory practice and master testing, it will be the discretion of the teacher as to whether the "topical medication" is actually applied to the surface of the "Patient's" skin. The student applying the medication will undoubtedly be enhanced in learning experience if full performance of the application is performed. (It is suggested that some type of plastic-wrap or similar material could be utilized to protect the "patient's" skin).

4. For the complicated situation given in the learning module, the actual complication is only eluded to and is left to the student's discretion to determine what the complication is and how best to handle it. For the four situations the students are to adjust their performance as follows:

Situation # 1 - The doctor's order is changed to include more skin surface to receive topical medication. The student will need to re-drape and change supplies several times to follow the order.

Situation # 2 - This patient is to simulate a reaction to the topical application to the point of intolerance. The student is then to seek assistance from her superior as to how to proceed, if at all.

INSTRUCTIONS

4. Con't.

Situation # 3 - In this situation the patient should be instructed to be completely immobile and unable to move. It will be necessary for the student performing to turn the patient to the correct position and proceed with the application, avoiding undue pain and stress to the patient.

Situation # 4 - In this situation the ambulation to the wheel chair is important to the progress of the patient and so is the topical medication. The student performing should return the patient to the bed and position correctly for the application. Upon completion the student need not actually return the patient to the wheel chair, but signify in some way that is the intent.

5. The same suggestions regarding selection of situations for practice by the students and the time limits for the master test as given for learning module # A-9-24 are applicable to this learning module.

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INSTRUCTIONS

# A - 9 - 27	Instill Eye Medications For A Patient
# A - 9 - 28	Instill Ear Medications For A Patient
# A - 9 - 29	Instill Nasal Medication For A Patient
# A - 9 - 30	Insert A Rectal or Vaginal Suppository For A Patient

(all of these learning modules and suggestions for use of supplies and equipment are being completed or are being printed. They will be available for the field testing if scheduled after July 15, 1977).

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PROJECT
OF
HEALTH OCCUPATIONS PROGRAM EDUCATORS

PERFORMANCE BASED CURRICULUM

Glossary

1. AFFECTIVE SKILL: A proficiency or technical ability in the area of attitudes, feelings, or emotions. Example: non verbal communications

2. COGNITIVE SKILL: Proficiency or technical ability in the area of knowledge such as principles, concepts, and facts. Example: Medical Asepsis

3. CRITERION REFERENCED INSTRUCTION: Instruction with emphasis on careful description of the ends of instruction in terms of qualities sought in the student. (Psycho-motor, cognitive affective) The role of the instructor changes, no longer chief source of information but manager of instruction.

4. CRITERION-REFERENCED TEST: A test or examination geared specifically to instructional objective. It measures directly what the learner can do, does know, or their reaction. It pen-points areas where problems exist and has an ultimate outcome -- success for the student.

5. EN-ROUTE OBJECTIVE: An interim or "along the way" objective that combined with others form the instructional or terminal objective for the student.

6. INSTRUCTION (TERMINAL) OBJECTIVE: The final performance expected of the student. It includes performance standards, conditions of performance, equipment to be used, and level of performance expected.

7. JOB TITLE CLUSTER: A systematic grouping of job titles of a specific occupation in which there are some paired psycho-motor skills and/or cognitive or affective skills.

8. LEARNING MODULE: A segment of education material that can stand alone completely by itself. It contains a goal, terminal objective, resources, activities, and a criterion-referenced test to meet the objective.

9. PERFORMANCE BASED DELIVERY SYSTEM: Method of instruction based on performance(s) or tasks for the job or job title.

10. PSYCHO-MOTOR SKILL: Proficiency or technical ability in the areas of manual tasks; there are muscular movements resulting from mental process.

11. SELECTED ACTIVITIES: Specific assignments involving action on the part of the student. These assignments have been selected by the instructor to help the student reach the instructional objective. Examples: worksheets, specified reading, a firm step, demonstration, etc.

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Performance Based Curriculum Glossary con't.

12. SELECTED RESOURCES: Specific elements selected by the instructor that could be utilized in planning the activities for the student in reaching the instructional objective. Examples: teacher, test, audio visuals, seminars, etc.

13. TARGET POPULATION: Group to be taught. Includes reading level, interest, psychological factors, mean age, sex, geographic location, etc.

14. TASK ANALYSIS: An analytical process by which all factors of a manual task are listed. This includes steps in the task decisions to be made, and related cognitive and affective skills previously learned necessary for completing the task.

15. TASK SURVEY: A process by which all possible manual tasks of a given job title are combined into a checklist for distribution to job encumbance for response and data from a checklist is compiled.

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REFERENCE MATERIALS

TEXTS

1. Anderson, Maja, Basic Nursing Techniques, Philadelphia: W.B. Saunders, 1968

2. Asperheim, Mary, Pharmacology for Practical Nurses 3rd. Ed. Philadelphia, W.B. Saunders, 1973

3. Bergersen, Pharmacology In Nursing, 12th Ed., St. Louis, C.V. Mosby, 1973

4. Falconer, Mary, The Drug, The Nurse, The Patient, 4th Ed., Philadelphia, W.B. Saunders, 1970

5. Huffman/Lipkin/Thompson, Simplified Nursing, 8th Ed., Philadelphia, J.B. Lippincott, 1968

6. Rodman/Smith, Pharmacology and Drug Therapy in Nursing, Philadelphia, J.B. Lippincott, 1968

7. Scherer, Jeanne, Introductory Clinical Pharmacology, Philadelphia, J.B. Lippincott, 1975

8. Skelly, Esther, Medications and Mathematics for the Nurse, 2nd Ed., Albany, N.Y., Delmar Publications, 1976

9. Squire/Welsh, Basic Pharmacology for Nurses, 5th Ed., St. Louis, C.V. Mosby Co., 1973

10. Sutton, Audrey, Bedside Nursing Techniques in Medicine and Surgery, 2nd Ed., Philadelphia, W.B. Saunders, 1969

11. Thompson/Rosdahl, Textbook of Basic Nursing, 2nd Ed., Philadelphia, J.B. Lippincott, 1973

* 12. Wood, Lucile, Nursing Skills for the Allied Health Services, Vol. 3, Philadelphia, W.B. Saunders Co., 1975

* Preferred texts

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REFERENCE MATERIALS

AUDIO-VISUALS

1. Lippincott Learning System, Unit 7
"Oral Medications" (3 filmstrips)
Philadelphia, J.B. Lippincott Co.

2. McGraw-Hill, "Administration of Medication"
(set of 9 filmstrips) New York, McGraw-Hill Book Co.

3. Nursing Film Library, Lesson 16 - "Principles of Administration of Medication," New York, Appleton-Century Crafts

4. Trainaide Educational Systems,

T 1141 - "Parenteral Medications"
T 1142 - "Medications - Oral Administration and Direct Application"
T 1143 - "Medications - The Pediatric Patient"
T 1168 - "Veni - Puncture"
T 1291 - "Oxygen Therapy"
T 1500 - "Your Diabetic Medications"

Glendale, Trainaide Educational Systems of Pharmaseal

* 5. The Trainex Library,

0019 - "Insulin Timing and Action"
0020 - "Insulin Dose"
0023 - "Insulin Injection"
0027 - "The Pill"
168 - "Atropinc Sulfate and Meperdine Hydrochoride"
169 - "Heparin Sodium and Warfarin Sodium"
170 - "Cardinc Glycosides and Quinidine Derinatives"

AUDIO-VISUALS

5. con't.

171 - "Furosemide and Ethacrynic Acid"
172 - "Epeniphrine and Isoproterenal Hydrochloride"
178 - "Venipuncture and Starting an Intravenous Infusion"
181 - "Maintaining the Patient's Chart"
182 - "Transcribing the Doctor's Orders"

201 - "Legal Implications in Nursing"
203 - "Lidocain Hydrochloride"
Local Anesthetic and Antiarrkythemic Agent"
221 - "Antihistamine Drugs"
225 - "The Barbiterate Drugs"
229 - "Drug Dependency-Narcotic Analgesics"
230 - "Drug Dependency - Stimulants, Depressants and Psychedelics"
231 - "Drug Dependency - Alcohol"
284 - "Fractions and Decimals"
285 - "The Metric System"
286 - "Apothecary Measurements"
287 - "Household Measurements"

317 - "....do the Sick No Harm"
325 - "The Skeletal and Muscular Systems"
326 - "The Nervous System and the Cardiovascular System"
327 - "Respiratory System, Digestive System and Special Senses"
365 - "Tuberculosis Skin Testing"

414 - "Angina Pectoris and Nitroglycerin"
415 - "Hypertension, High Blood Pressure"
416 - "Anticoagulants"
418 - "Digitalis"

HOE

AUDIO-VISUALS

5. con't

419	-	"Diuretics"
434	-	"Intramuscular and Subcutaneous Injections"
442	-	"Oxygen Administration"
453	-	"Physiology of Aging" Physical Appearance and the Special Senses"
454	-	"Physiology of Aging: Changes in Function and Capacity"
464	-	"Drugs: From Research to Your Patient"
465	-	"Bioavailability
466	-	"Psychotropics"
467	-	"Antihypertinsives"
468	-	"Antibiotics"
1042	-	"Cancer Chemotherapy: Therapy of Solid Tumors in Adults"

Garden Grove, Calif., Trainex Corporation

* recommended resources

INSTRUCTIONS

SUPPLEMENT TO

UNIT IX

TEACHER'S GUIDE

# A - 9 - 27

Instill Eye Medication For A Patient

1. Text and audio-visual recommendations are the same as for learning module # A-9-23
2. Supplies and equipment needed include:
   - a. simulated laboratory or practice area
   - b. student partner for a patient or a mannequin
   - c. patient's unit with standard equipment
   - d. locked medication facilities
   - e. keys for locked facilities
   - f. simulated eye medications
   - g. medication tray or cart
   - h. Kardex with cards to match cards and situations in learning module
   - i. medication cards or appropriate administration method to match medication orders
   - j. two (2) patients' charts with orders to match situations in learning module
   - k. identification band for student patient
   - l. cotton balls and/or tissues
   - m. eye dropper
   - n. hand washing facilities
   - o. "eye instillation" check list
   - p. necessary materials for complicated situations

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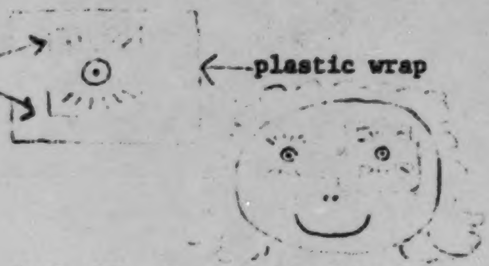
INSTRUCTIONS

3. For the laboratory practice the teacher should check with pharmacist regarding possible simulated medications to instill - to protect "live" patient, plastic wrap or similar material could be placed over the eye and adjacent area. "Eyelids" could be taped onto the plastic to simulate normal conditions.

EXAMPLE:



Student with simulation -

A "live" patient is the most desirable, but if not feasable a mannequin such as Mrs. Chase or even a painted styrofoam "wig head" could be used for practice.

4. For the complicated situations, the actual performance of the stipified tasks related to the eye instillation will depend upon the level of the student. The student is instructed to have the teacher perform those tasks for which he/she is not qualified. For those students qualified to perform the related tasks, it is strongly recommended that the student practice and perform the entire situation. There are only 2 standard or routine situations and 2 complicated ones, so the student should practice all of them

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INSTRUCTIONS

5. When tested the student will perform 1 routine situation and 1 complicated situation. The scoring for the performance tests are stipulated in the objective. Those points of the check list marked with an (*) should be graded seperately from the other points, then averaged together for a final score. However, the student must attain 100% accuracy on all points marked with an (*) and are only permitted to miss 2 of the other points.

****

A - 9 - 30

Insert A Rectal or Vaginal Suppository For a Patient

1. Text and audio-visual recommendations are the same as for learning module # A-9-23
2. Supplies and equipment needed include:
    a. simulated laboratory or practice area
    b. a patient's unit with standard equipment
    c. student partner or mannequin
    d. locked medication facilities
    e. keys for medication facilities
    f. simulated refrigerator storage
    g. simulated suppository medication
        (1) unit dose - vaginal and rectal
        (2) quantity container - vaginal and rectal

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INSTRUCTIONS

2. con't.

   h. medication tray
   i. souffle cups
   j. Kardex
   k. medication cards (or materials for local system)
   l. 2 patients' charts
   m. hand-washing facilities
   n. examination gloves
   o. water-soluable lubricant
   p. bed protector (paper or cloth)
   q. paper towels
   r. toliet tissue
   s. bed pan
   t. identification band for patient or mannequin
   u. bath blanket or drape
   v. patient screen
   w. plastic wrap and bag to simulate rectal or vaginal openings (if teacher desires)

3. When setting up the medication area for the suppositories the method of storage is as follows:

   a. Rectal Suppositories
      (1) Dulcolax - Unit-Dose - store at room temperature
      (2) Aminophylline - quantity container - store under refrigeration

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INSTRUCTIONS

3. Con't.

   b. Vaginal Suppositories

      (1) AVA - quantity container - store at room temperature

      (2) Tricofurn - Unit-Dose - store at room temperature

4. When the student practices the insertion of the suppositories - a student patient or mannequin can be used. It is suggested that the student patient be used, but the insertion be only "simulated". To protect the privacy of the student patient, the "patient" should wear slacks and a plastic wrap and a plastic bag be affixed to represent the rectal and/or vaginal area.

5. Kardex cards, doctor's orders, nursing notes and medication cards (if used) should be filled out to coincide with the situation and Kardex cards found in the # A-9-30 student module on pages 14-17.

6. When the student tests the performance the instructions will be the same as #5 for # A-9-27 (pages 3 of this supplement).

7. If the student tests for Situation #2 of Vaginal Suppository (as found on page 19 of the student module), when finished with the insertion the student should instruct the patient to remain "supine for 10 minutes" according to the "doctor's order." It would not be necessary for the student to actually wait the 10 minute time.

* *

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HOE

SECOND SUPPLEMENT

TO THE

TEACHER'S GUIDE

INSTRUCTIONS

#A-9-28 Instill Ear Medication For a Patient

1. Text and audio-visual recommendations are the same as for learning module #A-9-23 (see student module for page numbers of text).

2. Supplies and equipment needed include:

   a. simulated laboratory or practice area

   b. student partner (or mannequin) for a patient

   c. completely equipped standard patient's unit

   d. medication storage area (locked)

   e. medication storage area keys

   f. simulated ear medication (see Kardex cards - pages 16 and 18 of module)

   g. medication tray

   h. cotton balls

   i. medicine dropper

   j. hand washing facilities

   k. Kardex

   l. medication cards (if applicable)

   m. 4 patients' charts

   n. identification band for patient

3. It will be the prerogative of the teacher as to whether students use one another for patients or use a mannequin.

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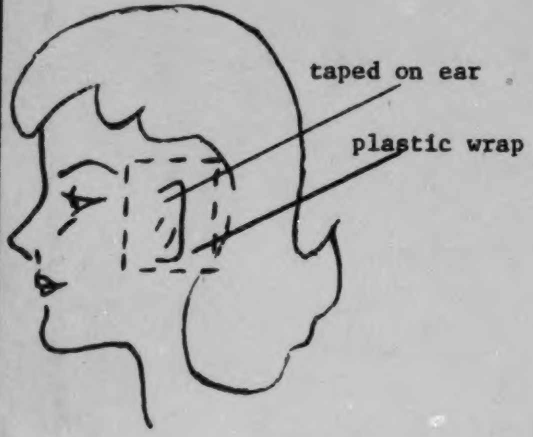
INSTRUCTIONS

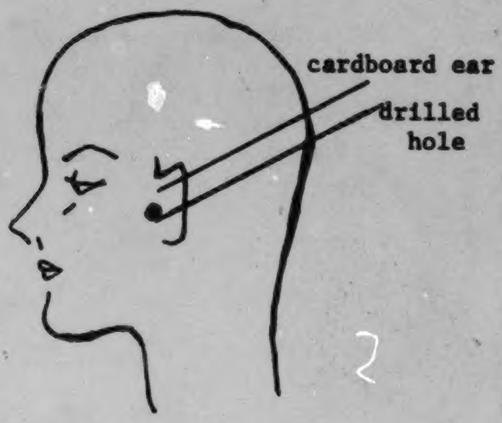
4. If you choose to have the students use one another for patients, you will want to develop a protective device for the "patient's" ear. It is suggested that a plastic wrap be placed over the "patient's" real ear and an artificial outer ear and canal be structured to simulate the instillation.

If a mannequin is to be used, there are commercial ones e.g. Mrs. Chase or the Schmidt doll; however, these are very expensive. A styrofoam "wig head" could be used just as well. A drill hole for an ear canal could be made and an outer ear devised of cardboard or similar substance could be taped onto the "wig head." If desired a doll could be used for the "child instillation."

Illustration



STUDENT



MANNEQUIN

Health Occupations Program Educators, Summer 1977, P. Bilger, R.N.

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

INSTRUCTIONS

5. The Kardex and patients' charts should be set up to coincide with the situations and corresponding medications (on Kardex) found on pages 15, 16, 19, and 20 of the student module.

6. When the student tests for the adult situation, if Situation #1 is selected the instillation should be done with the patient in bed. If Situation #2 is selected, the instillation should be done in a chair. Specific orders regarding the medication for each situation can be found on the respective "Kardex" cards on page 16 of the module.

7. When the student tests for the child situation, if Situation #1 is selected note that according to the time of day (1:00 p.m.) the "child" is to remain in bed for the instillation - but can probably be rolled up. If Situation #2 is selected, the instillation should be done with the "child" in a chair, but the head is to be tilted 45° angle. Specific orders regarding the medication for each situation can be found on the respective "Kardex" cards on page 20 of the module.

HOE

INSTRUCTIONS

#A-9-29 Instill Nasal Medication For A Patient

1. Text and audio-visual recommendations are the same as for learning module #A-9-23 (see student module for page numbers of text)

2. Supplies and equipment needed include:
   - a. simulated laboratory or practice area
   - b. student partner (or mannequin) for a patient
   - c. completely equipped standard patient's unit
   - d. medication storage area (locked)
   - e. medication storage area keys
   - f. simulated nasal medications (see Kardex cards - pages 16 and 18 of module)
   - g. medication tray
   - h. tissues or hand towel
   - i. medicine dropper
   - j. nasal inhaler
   - k. nasal atomizer or spray bottle
   - l. hand washing facilities
   - m. Kardex
   - n. medication cards (if applicable)
   - o. 4 patients' charts
   - p. identification band for patient

FUNDED BY: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

INSTRUCTIONS

3. The teacher may have the same prerogative as for the other modules regarding instillations, use of student patients or a mannequin.

4. If a student is used for a patient, it is recommended that a protective device for the nose be developed unless harmless solutions, recommended by a pharmacist be used. If such solutions are used, it will be imperative that strict aseptic techniques be adhered to. If a mannequin is used, such as the "wig head," drill holes could be made to simulate the nostrils.

5. The Kardex and patients' charts should be set up to coincide with the situations and corresponding medications found on pages 15, 16, 19 and 20 of the module.

6. When the student tests for the "dropper" situations, whichever head position is applicable for the "doctor's order" should be carried out. The same is true for the "inhaler or atomizer."

10[illegible]1

APPENDIX B.5

SUMMARY OF TEACHER TRAINING SECTIONS

5.1 MAP OF DISTRIBUTION
5.2 AGENDA
5.3 SUMMARY SHEETS OF PARTICIPANTS

PROJECT H.O.P.E.

PERFORMANCE BASED STUDENT TRAINING COMMITTEE

Summary of Teacher Training Sessions

In order to validate the new learning modules developed during the 1976-77 year of the project, it was determined that as many field test sites as possible should be used. This plan made it necessary for the project researcher to conduct teacher training sessions on the structure and usage of the modules. Since it was desired to have as wide a state coverage as possible, three teacher training sessions, north, central and south, were planned.

Due to the nature of the new learning modules, administration of medication, it was felt that only those educational and health care agencies that incorporate medication into their training programs should be included in the field test sites. Through scrutinization of existing training programs, it was established that the following agencies should be invited to participate in the teacher training sessions:

1 -- educational agency Geriatric Technician program
1 -- educational agency Medication Aide program
11 -- state hospitals (with nursing attendant programs)
18 -- LPN programs
25 -- nursing homes (with Medication Aide programs)
56 Total

Of the agencies invited to the teacher training sessions, thrity-six (36) responded with fifty-seven (57) persons registered. A total of fifty-four (54) persons attended the sessions with thirteen (13) agencies volunteering to be field test sites.

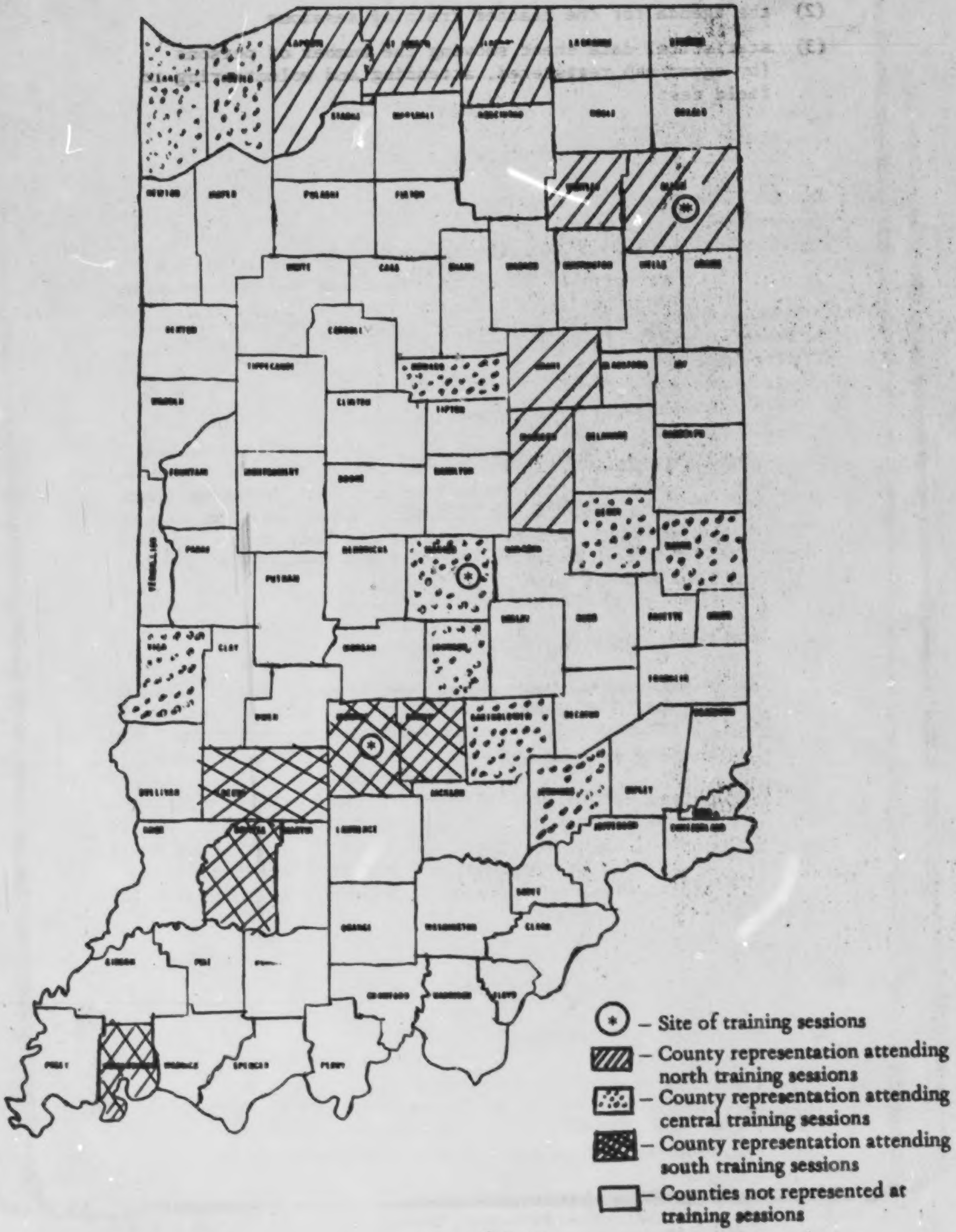
On the following pages can be found detailed information relevant to the teacher training sessions:

(1) a map showing the geographical location of the training sessions and representative counties participating

(2) the agenda for the teacher training sessions

(3) statistical data sheet showing the number of persons (by agencies) registered, attending and volunteering to field test

TEACHER TRAINING SESSIONS



⊛ – Site of training sessions

▨ – County representation attending north training sessions

⬚ – County representation attending central training sessions

▩ – County representation attending south training sessions

☐ – Counties not represented at training sessions

1015

Project
of
Health Occupations Program Educators
Performance Based Student Training Committee
Teacher Training Sessions
June 15, 1977 Bloomington
June 22, 1977 Indianapolis
June 29, 1977 Fort Wayne

Agenda

8:45 a.m.	Registration and Get Acquainted
9:15 a.m.	Health Occupations Education and Performance Based Curriculum
	Components of Performance Based Curriculum
10:30 a.m.	Break *
10:45 a.m.	Managing Performance Based Curriculum
11:45 a.m.	LUNCH *
1:00 p.m.	Practicing Performance Based Curriculum
2:30 p.m.	Break *
2:45 p.m.	Questions and Answers
	Schedule of Field Tests
3:30 p.m.	Dismissal

*Audio-Visuals and Texts will be available for review at these times

PROJECT H.O.P.E

Performance Based Student Training

1976-77 Teacher Training Sessions

FACTORS	Location Bloomington	 Indianapolis	 Fort Wayne
Date of Session	6-15-77	6-22-77	6-29-77
Total No. Registered	10	30	17
Nursing Homes	5	12	9
LPN Programs	4	10	4
State Hospitals	0	6	2
Medication Aide	1	0	0
Geriatric Technician	0	0	1
Other	0	2	1
Total No. Attending	9	35	10
Nursing Homes	3	13	5
LPN Program	2	10	3
State Hospitals	0	7	0
Medication Aides	1	0	0
Geriatric Technician	0	0	1
Other	3	5	1
Total No. Field Testing	1	8	4
Nursing Homes	1	5	2
LPN Programs	0	1	1
State Hospitals	0	2	0
Medication Aides	0	0	0
Geriatric Technicians	0	0	1
Other	0	0	0

APPENDIX B.6

SUMMARY OF FIELD TEST

6.1 LETTER OF DISTRIBUTION
6.2 FIELD TEST DATA SHEET
6.3 MAP OF FIELD TEST SITES
6.4 SUMMARY OF FIELD TEST DATA SHEETS
6.5 STUDENT EVALUATION FORMS
6.6 TEACHER EVALUATION FORMS

PROJECT H.O.P.E.

Performance Based Student Training Committee

Summary of The Field Test

During the 1975-76 year of the project it was determined that the most thorough method of evaluating the learning moduleds was by field testing them with students and teachers from an appropriate target population. Evaluation tools were utilized that year, but modification had been requested by the target population. For the 1976-77 field test both student and teacher evaluation tools were modified to be supplied to each student and teacher participating in the field test.

For a more thorough evaluation than in the 1975-76 year of the field test, it was desirous that the 1976-77 field test should be held in as many different sites as possible across the state. Although a variety of agencies was desired it seemed imperative that the participating agencies should volunteer to field test. Thirteen (13) agencies, both educational and health care, did volunteer to participate and included the following types of programs:

a. 1 - educational agency Geriatric Technician program
b. 2 - Licensed Practical Nurse programs
c. 2 - state hospital Medication Attendant programs
d. 8 - nursing home Medication Aide programs

Six learning modules and the Teacher's Guide were completed and printed by field test time. Each participating agency selected the learning module(s) they wished to test or felt time was available to test. Some agencies tested only one, others all six. For printing and dissemination purposes, each agency submitted the total number of students and teachers participating in the field test. Prior to the field test time, all participating agencies were sent a letter stating the method in which materials would be received and collected plus a field test data sheet that was to be filled out; the data sheet included statistical information on the types of students that would be participating in the field test. Each agency then received a package containing:

a. specified learning modules

b. specified learning modules master tests

c. student evaluation forms (for each participating student and each learning module tested)

d. teacher evaluation forms (for each participating teacher and each learning module tested)

During the teacher training sessions, some teachers had expressed the desire to participate in the field test, but stated that their agencies had already completed materials covered in the learning modules and they would not be starting new students until fall. Due to the short time span alloted the field test and the desire for various methods of application of the materials, it was suggested that if some agencies wished to participate in the field test by primarily utilizing the master tests for the learning modules (to test the competence of their students) they were free to do so. There were those agencies that did avail themselves of field testing only the master tests of selected learning modules; there were others that field tested the full developed materials, module and master test. (the compiled data from the field test sites reflects both types of field testing). All agencies who volunteered to participate were able to carry through with the field testing except two. The time of the year and the restricted four week time span also complicated testing for several other field test sites.

A total of 125 students participated in the field testing, making an average of 11 students per site. As already stated, not all sites tested each of the six available learning modules. Of the six modules, however, the learning module having the largest number of participants, a total of 69 students, was module #A-9-24, "Administer Oral Medication To A Patient." The learning module with the least number of participants, a total of 30 students, was module #A-9-30, "Insert A Rectal or Vaginal Suppository For A Patient." Successful completion of the master tests for the six learning modules ranged from 81% - 30% of participating students. On the following pages can be found:

a. a copy of the letter of dissemination and collection to the participating agencies

b. a copy of the field test data sheet

c. a map of Indiana showing the geographical locations of the field test sites, by number*, and the type of participating agency at each site

d. a summary of the field test data sheets from the 13 sites, by number *

e. a summary of the student evaluations for each of the learning modules field tests and a breakdown of participating field test sites *

f. a summary of the teacher evaluations for each of the learning modules field tested and a breakdown of participating field test sites *

(* the numbers used to designated field test sites are the same as those ascribed to the sites on the map showing geographical locations)

PROJECT HOPE

Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

PROJECT DIRECTOR:
Beverly Hankenhoff
New Castle Community
School Corporation
901 Parkview Drive
New Castle, IN 47362

July 7, 1977

I wish to thank you for your willingness to participate in the field test regarding learning modules for the medication aide curriculum.

You will receive a package containing the following by July 15, 1977:

(1) requested modules and tests for given number of students and teachers

(2) teacher's guides for given number of teachers

(3) supplement to teacher's guide

(4) student evaluation forms

(5) teacher evaluation forms

The method of distribution of your field test materials will be:

___ mailed to your agency

___ direct delivery to you agency (by July 15, 1977)

___ Delivery to designated pick up point, which is
____ (by July 15, 1977)

You are to complete the materials by August 15, 1977. Your package, containing all modules, tests, teacher's guides, evaluation sheets and the field test data sheet should be returned by:

___ mail to project office

___ direct pick up from your agency (by August 16, 1977)

___ pick up from designated pick up point which is
____ (by August 16, 1977)

Sincerely,

Phyllis J. Bilger, Chairperson
Performance Based Student Training

PJB:jm
Enc.: Field Test Data Sheet

FIELD TEST DATA SHEET

In addition to the evaluation sheets from the field test we will need the following information:

1. size of community ________________
2. type of students (check one)
   agency worker ________________
   program enrollee ________________
3. total number of students participating ________________
4. age range ________________

*5. sex of students (%) ________________

*6. race of students (%) ________________

*7. socio-economic level of students (generalize) ________________

____

8. academic background of students (years of schooling) ________________
9. number of class sessions held ________________
10. average length of a single class session ________________
11. frequency of class session (daily, weekly, etc.) ________________
12. future expectations of students (work, higher education, etc.) ________________

____

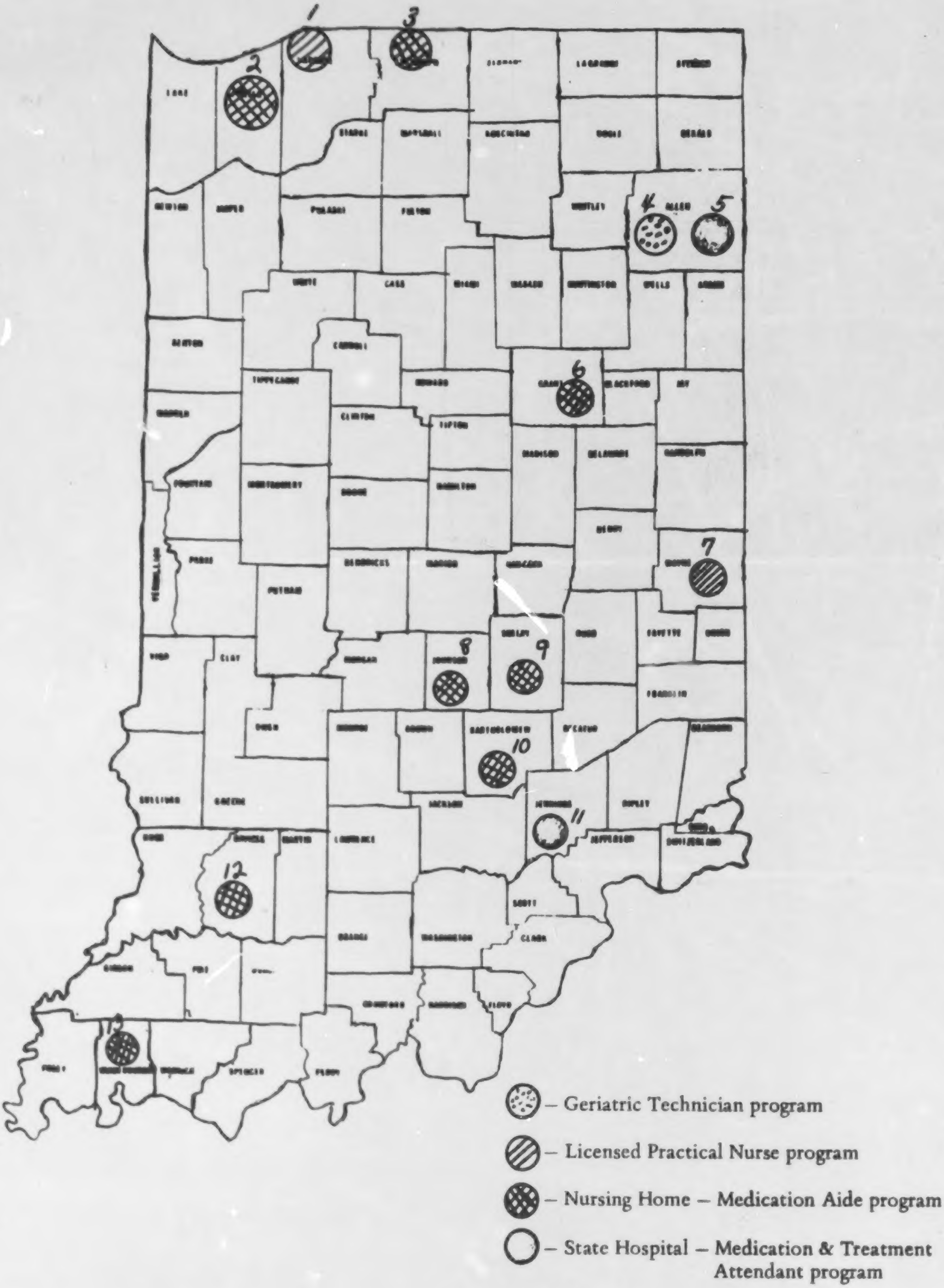
*These items are not meant to be discriminatory, but are requested to assist with any revisions that may need to be made - so the curriculum will be functional for all persons.

COMPOSITE
OF
FIELD TEST DATA SHEETS

DATA		Site No. 1	Site No. 2	Site No. 3	Site No. 4	Site No. 5	Site No. 6	Site No. 7	Site No. 8	Site No. 9	Site No. 10	Site No. 11	Site No. 12	Site No. 13
Size of Community			30,000	--	245,000-250,000	245,000-250,000	45,000	45,000	10,000	14,000-15,000	50,000	4,500	--	175,000
Type of Students	Agency Workers		X		--	X	X	--	X	X	X	X		X
	Program Enrollees		--		X	--	--	X	--	--	--	--		--
Total No. of Students			9		6	7	27	12	5	10	12	13		14
Age Range of Students			20-50		19-46	20-26	22-60	18-53	30-50	19-60	19-55	20-64		19-50
Sex of Students* (%)	Female		78%		100%	60%	100%	100%	100%	100%	100%	85%		100%
	Male		22%		--	30%	--	--	--	--	--	15%		--
Race of Students* (%)	Caucasian		100%		50%	30%	100%	91.7%	100%	100%	100%	92%		100%
	Negro		--		50%	60%	--	8.3%	--	--	--	8%		--
	Other		--		--	--	--	--	--	--	--	--		--
(Generalization) Socio-Economic Level*		DID NOT RETURN INFORMATION	Middle	UNABLE TO FIELD TEST	Low Middle-Poverty level	Middle	Middle	Low Middle	Middle	Middle	Low Middle	Middle	UNABLE TO FIELD TEST	Middle
(Average) Academic Background			12-13 yr.		12 yr.	11-16 yr.	12 yr. & above	12 yr. & above	12 yr.	8-13 yr.	10-12 yr.	8-14 yr.		10-12 yr.
No. of Class Sessions Held			6		3	--	6	6	4	10	6	6		9
Average Length of Single Class Session			2¼ hr.		½ hr.		1 hr.	2 hr.	2 hr.	4 hr.	3 hr.	1½ hr.		1-1½ hr.
Frequency of Class Sessions			2 x wk.	--	3 x wk.		2 x wk.	2 x wk.	2-3 wk.	daily	daily	daily		3 x wk.
Future Expectations of Students			Work Adv. Med. Aide	--	Work	Work Adv.	Work Adv. Higher Ed.	Higher Ed.	Work Adv. &.Cont.Ed	Work Adv.	Higher Ed.	Work Adv. Cont. Ed.	--	--

* –Not To Be Discriminatory – But For Revision Changes If Emplied

FIELD TEST SITES


1
2
3
4
5
6
7
8
9
10
11
12
13
ALLEN
WHITLEY
HUNTINGTON
WELLS
CASS
TIPTON
CLINTON
FAYETTE
SCOTT
CLARK
FLOYD
SPENCER
PERRY
▨ – Geriatric Technician program
▨ – Licensed Practical Nurse program
▩ – Nursing Home – Medication Aide program
○ – State Hospital – Medication & Treatment Attendant program

STUDENT EVALUATION FORM

MODULE NO. and TITLE No. A-9-24 "Administer Oral Medication To the Patient" NAME: Field Test Tally Sheet

Place Check Mark in Columns That Best Express Your Feelings About Each Item You Used

Items To Be Evaluated	VOCABULARY			CONTENT				VALUE			
	Too Easy	Just Right	Too Hard	Complete	Boring	Hard to Follow	Too Different	New Inform.	Old Inform.	Useful	Not Helpful
INSTRUCTIONS	1	60	1	58	1	2	1	17	11	46	1
GOAL	3	56	2	55		1	1	14	8	44	
OBJECTIVE	2	57		55		1		18	8	47	
LECTURE	2	51	1	47	2		1	20	11	44	
DEMONSTRATION	2	48	2	42			2	10	14	38	1
TEXTS	2	24		23	1		1	4	4	17	
TRANSPARENCIES					NOT APPLICABLE						
AUDIO-TAPE					NOT APPLICABLE						
SLIDES					NOT APPLICABLE						
WORK SHEETS		21		22		1		9	2	19	
DISCUSSION GROUPS					NOT APPLICABLE						
INTERVIEWS					NOT APPLICABLE						
TOURS					NOT APPLICABLE						
PRACTICE	3	33	1	34	2	1	1	8	9	29	2
MASTER TEST	1	61	1	59		1	1	14	8	51	1

Additional suggestions or comments may be made on the back.

Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number of Students Participating Per Site

	No. of Students
Site # 1	0
Site # 2	7
Site # 3	0
Site # 4	0
Site # 5	7
Site # 6	0
Site # 7	10

	No. of Students
Site # 8	5
Site # 9	9
Site # 10	8
Site # 11	13
Site # 12	0
Site # 13	10

Total Number Students
Participating 69

Number Students Completing
Satisfactorily 49 (71%)
(validated by tests)

Comments:

"Question the stress on leg ulcers in Situation #1 Complicated Situations."

"It is difficult to evaluate the module due to previous experience in passing meds, but for an initial course, it seems this (module) would be quite beneficial."

"I had previously had a medication course and knew how to administer medications, but the test was OK and good review."

"I had previously had a medication course so only took the test, but I did read through the module. I think the part of feeding a patient was very important because you must know how to do this to administer oral meds."

"Mast. test should include more than one problem or medication at a time."

"Module was very interesting."

"Instructions too lengthy; objective at times too long; combine lecture with preparation."

"Module was easy-almost anyone could read the instructions and pass the test."

STUDENT EVALUATION FORM

MODULE NO. and TITLE No. A-9-23 "Prepare Oral Medications For The Patient" NAME: Field Test Tally Sheet

Place Check Mark in Columns That Best Express Your Feelings About Each Item You Used

Items To Be Evaluated	VOCABULARY			CONTENT				VALUE			
	Too Easy	Just Right	Too Hard	Complete	Boring	Hard to Follow	Too Different	New Inform.	Old Inform.	Use-ful	Not Helpful
INSTRUCTIONS	2	60	1	59		1		21	10	46	
GOAL	1	55	2	54		1		19	6	39	
OBJECTIVE	1	59	1	55		1		19	5	42	
LECTURE	1	49	1	47			1	24	10	37	
DEMONSTRATION	2	48	1	47			1	17	11	38	
TEXTS	2	27		30				9	3	21	
TRANSPARENCIES				NOT APPLICABLE							
AUDIO-TAPE				NOT APPLICABLE							
SLIDES				NOT APPLICABLE							
WORK SHEETS	1	29		28		1		11	3	24	
DISCUSSION GROUPS				NOT APPLICABLE							
INTERVIEWS				NOT APPLICABLE							
TOURS				NOT APPLICABLE							
PRACTICE	1	38	1	36		1		10	9	28	
MASTER TEST	1	58	1	56		1		14	7	46	

Additional suggestions
or comments may be
made on the back.

Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number of Students Participating Per Site

	No. of Students
Site # 1	0
Site # 2	7
Site # 3	0
Site # 4	0
Site # 5	7
Site # 6	6
Site # 7	0

	No. of Students
Site # 8	5
Site # 9	9
Site # 10	11
Site # 11	13
Site # 12	0
Site # 13	10

Total Number Students Participating 68

Number of Students Completing Satisfactorily (validated by tests) 49 (72%)

Comments:

"This module has been complete."

"Very interesting."

"Much new information given."

"Truly enjoyable."

"Classes have been very informative--learned many useful things."

"Master test very helpful and informative--demonstrations very interesting."

"Confident each student in my class has benefited greatly from material."

"A previous 40 hour course in medications made this module seem unnecessary."

"Instructions too lengthy."

"Module was easy--almost anyone could read instructions and be able to pass the test."

"This module would be of great value to a new person; I have worked as a medication aide, much of information is old to me."

STUDENT EVALUATION FORM

MODULE NO. and TITLE No. A-9-30 "Insert A Rectal or Vaginal Suppository For A Patient" NAME: Field Test Tally Sheet

Place Check Mark in Columns That Best Express Your Feelings About Each Item You Used

Items To Be Evaluated	VOCABULARY			CONTENT				VALUE			
	Too Easy	Just Right	Too Hard	Complete	Boring	Hard to Follow	Too Different	New Inform.	Old Inform.	Useful	Not Helpful
INSTRUCTIONS	2	26	1	27		1		13	4	17	
GOAL	1	28		27				8	6	18	
OBJECTIVE	1	28		27				8	4	18	
LECTURE	1	21		20				10	3	17	
DEMONSTRATION	1	20		16					3	10	
TEXTS		17		16					3	10	
TRANSPARENCIES				NOT APPLICABLE							
AUDIO-TAPE				NOT APPLICABLE							
SLIDES				NOT APPLICABLE							
WORK SHEETS		15		15				3	2	13	
DISCUSSION GROUPS				NOT APPLICABLE							
INTERVIEWS				NOT APPLICABLE							
TOURS				NOT APPLICABLE							
PRACTICE		20		18				3	1	17	
MASTER TEST		23		23				8	2	17	

Additional suggestions
or comments may be
made on the back.

Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number of Student Participating Per Site

	No. of Students		No. of Students
Site # 1	0	Site # 8	0
Site # 2	6	Site # 9	0
Site # 3	0	Site # 10	8
Site # 4	0	Site # 11	0
Site # 5	7	Site # 12	0
Site # 6	8	Site # 13	0
Site # 7	0		

Total Number Students Participating 29

Number Students Completing Satisfactorily 16 (55%)
(validated by tests)

Comments:

"Module was easy--almost anyone could read the instructions and pass the test."

STUDENT EVALUATION FORM

MODULES NO. and TITLE No. A-9-27 "Instill Eye Medication For A Patient" NAME: Field Test Tally Sheet

Place Check Mark in Columns That Best Express Your Feelings About Each Item You Used

Items To Be Evaluated	VOCABULARY			CONTENT				VALUE			
	Too Easy	Just Right	Too Hard	Complete	Boring	Hard to Follow	Too Different	New Inform.	Old Inform.	Useful	Not Helpful
INSTRUCTIONS	1	17		17				12	1	11	
GOAL	1	16		17				6	2	13	
OBJECTIVE	1	27		28				8	3	23	
LECTURE	1	15		17				12	2	10	
DEMONSTRATION	1	15		16				11	2	11	
TEXTS		14		12				6	1	8	
TRANSPARENCIES				NOT APPLICABLE							
AUDIO-TAPE				NOT APPLICABLE							
SLIDES				NOT APPLICABLE							
WORK SHEETS		11		11				5		8	
DISCUSSION GROUPS				NOT APPLICABLE							
INTERVIEWS				NOT APPLICABLE							
TOURS				NOT APPLICABLE							
PRACTICE		15		14				4	2	12	
MASTER TEST		25		26				5	3	23	

Additional suggestions
or comments may be
made on the back.

Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number of Students Participating Per Site

	No. of Students		No. of Students
Site # 1	12	Site # 8	0
Site # 2	4	Site # 9	0
Site # 3	0	Site # 10	8
Site # 4	0	Site # 11	0
Site # 5	0	Site # 12	0
Site # 6	6	Site # 13	0
Site # 7	0		

Total Number Student Participating 30

Number Students Completing Satisfactorily 9 (30%)

Comments:

"Takes too long."

"Very interesting and knowledgeable."

"Very enjoyable."

"Module was easy--almost anyone could read the instructions and pass the test."

1033

STUDENT EVALUATION FORM

MODULE NO. and TITLE No. A-9-26 "Apply Topical Medication For A Patient" NAME: Field Test Tally Sheet

Place Check Mark in Columns That Best Express Your Feelings About Each Item You Used

Items To Be Evaluated	VOCABULARY			CONTENT				VALUE			
	Too Easy	Just Right	Too Hard	Complete	Boring	Hard to Follow	Too Different	New Inform.	Old Inform.	Useful	Not Helpful
INSTRUCTIONS		21	1	18	1	1		9	3	11	1
GOAL		21		19	1			7	4	13	1
OBJECTIVE		24		25	1			9	4	19	
LECTURE		15	1	14		1		6	3	13	
DEMONSTRATION		15	1	13		1		6	1	10	1
TEXTS		12	1	11		1		5	1	9	1
TRANSPARENCIES				NOT APPLICABLE							
AUDIO-TAPE				NOT APPLICABLE							
SLIDES				NOT APPLICABLE							
WORK SHEETS		10	1	9			1	4		9	1
DISCUSSION GROUPS				NOT APPLICABLE							
INTERVIEWS				NOT APPLICABLE							
TOURS				NOT APPLICABLE							
PRACTICE		13	1	12		1		5	1	11	
MASTER TEST		23	1	27		1		9	4	21	

Additional suggestions
or comments may be made
on the back.

Breakdown and comments on reverse side.

Field Test Breakdown and Comments

Number of Students Participating Per Site

	No. of Students		No. of Students
Site # 1	12	Site # 8	0
Site # 2	5	Site # 9	0
Site # 3	0	Site # 10	8
Site # 4	0	Site # 11	0
Site # 5	7	Site # 12	0
Site # 6	0	Site # 13	0
Site # 7	0		

Total Number Students Participating 32

Number Students Completing Satisfactorily 26 (81%)
(validated by tests)

Comments:

"Takes too long."

"Module was easy--almost anyone could read the instructions and pass the test."

STUDENT EVALUATION FORM

MODULE No. and TITLE: No. A-9-25 "Count Narcotics & Controlled Drugs to Determine Accuracy of Inventory" NAME: Field Test Tally Sheet

Place Check Mark in Columns That Best Express Your Feelings About Each Item You Used

Items To Be Evaluated	VOCABULARY			CONTENT				VALUE			
	Too Easy	Just Right	Too Hard	Complete	Boring	Hard to Follow	Too Different	New Inform.	Old Inform.	Useful	Not Helpful
INSTRUCTIONS		39	2	36		3		19	5	24	
GOAL	1	41		39		1		16	5	24	
OBJECTIVE		41	1	37		1		20	3	23	
LECTURE		41	1	39		1		20	5	23	
DEMONSTRATION	2	37		34	1	1		18	5	20	
TEXTS	1	25		23	1			17	4	12	
TRANSPARENCIES				NOT APPLICABLE							
AUDIO-TAPE				NOT APPLICABLE							
SLIDES				NOT APPLICABLE							
WORK SHEETS		18	1	18		1		17	1	13	
DISCUSSION GROUPS				NOT APPLICABLE							
INTERVIEWS				NOT APPLICABLE							
TOURS				NOT APPLICABLE							
PRACTICE	2	25	1	25	1	2	2	19	3	14	
MASTER TEST	1	32	1	29		1		19	2	23	

Additonal suggestions or comments may be made on the back.

Breakdown and comments on reverse side.

Field Test Breakdown and Comments

Number of Students Participating Per Site

	No. of Students
Site # 1	0
Site # 2	7
Site # 3	0
Site # 4	5
Site # 5	0
Site # 6	0
Site # 7	10

	No. of Students
Site # 8	0
Site # 9	0
Site # 10	8
Site # 11	13
Site # 12	0
Site # 13	0

Total Number of Students Participating 43

Number Students Completing Satisfactorily (validated by tests) 27 (62%)

Comments:

"Give this module before setting up and passing meds. In the setting up module and administration module there were things to do with narcotics or controlled drugs."

"Module was easy--almost anyone could read the instructions and be able to pass the test."

"Very interesting."

"Objective complete, but takes too much time."

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TEACHER EVALUATION FORM

MODULE NO. and TITLE: A-9-30 "Insert A Rectal or Vaginal Suppository For A Patient" NAME: Field Test Tally Sheet

Place check mark in most appropriate column for each applicable item

If an asterisk (*) item is checked – please give brief comment

Items To Be Evaluated	ACTION			COMMENTS
	Keep	Modify*	Reject*	
INSTRUCTIONS	4			
GOAL	4			
OBJECTIVE	4			
LECTURE CONTENT	4			
DEMONSTRATION CONTENT	4			
TEXTS	3			
TRANSPARENCIES	NOT APPLICABLE			
AUDIO-TAPE	NOT APPLICABLE			
SLIDES	NOT APPLICABLE			
WORK SHEETS	3			
DISCUSSION QUESTIONS	NOT APPLICABLE			
INTERVIEWS	NOT APPLICABLE			
TOURS	NOT APPLICABLE			
PRACTICE	4			
MASTER TEST	4			
EVALUATION FORMS	3			

Additional Suggestions or Comments:

Field Test Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number Teachers Per Site

	No. of Teachers		No. of Teachers
Site # 1	0	Site # 8	0
Site # 2	2	Site # 9	0
Site # 3	0	Site # 10	1
Site # 4	0	Site # 11	0
Site # 5	1	Site # 12	0
Site # 6	1	Site # 13	0
Site # 7	0		

Total Number Teachers
Participating 5

Comments:

"placing the number above the situation would be better for the master test"

TEACHER EVALUATION FORM

MODULE NO. and TITLE: A-9-27 "Instill Eye Medication For A Patient" NAME: Field Test Tally Sheet

Place check mark in most appropriate column for each applicable item

If an asterisk (*) item is checked – please give brief comment

Items To Be Evaluated	ACTION			COMMENTS
	Keep	Modify *	Reject *	
INSTRUCTIONS	6			
GOAL	6			
OBJECTIVE	6			
LECTURE CONTENT	3			
DEMONSTRATION CONTENT	3			
TEXTS	2			
TRANSPARENCIES	NOT APPLICABLE			
AUDIO-TAPE	NOT APPLICABLE			
SLIDES	NOT APPLICABLE			
WORK SHEETS	2			
DISCUSSION QUESTIONS	NOT APPLICABLE			
INTERVIEWS	NOT APPLICABLE			
TOURS	NOT APPLICABLE			
PRACTICE	3			
MASTER TEST	3	3		
EVALUATION FORMS	5			

Additional Suggestions or Comments:

Field Test Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number Teachers Per Site

	No. of Teachers		No. of Teachers
Site # 1	3	Site # 8	0
Site # 2	2	Site # 9	0
Site # 3	0	Site # 10	1
Site # 4	0	Site # 11	0
Site # 5	0	Site # 12	0
Site # 6	1	Site # 13	0
Site # 7	0		

Total Number Teachers
Participating 7

Comments:

"it took two instructors 1 hour 45 minutes to cover eye ointments and eye drops with 12 students for master test for uncomplicated procedures alone"

TEACHER EVALUATION FORM

MODULE NO. and TITLE: A-9-26 "Apply Topical Medication For A Patient" NAME: Field Test Tally Sheet

Place check mark in most appropriate column for each applicable item
If an asterisk (*) item is checked – please give brief comment

Items To Be Evaluated	ACTION			COMMENTS
	Keep	Modify *	Reject *	
INSTRUCTIONS	7			
GOAL	7			
OBJECTIVE	7			
LECTURE CONTENT	4			
DEMONSTRATION CONTENT	4			
TEXTS	2			
TRANSPARENCIES	NOT APPLICABLE			
AUDIO-TAPE	NOT APPLICABLE			
SLIDES	NOT APPLICABLE			
WORK SHEETS	2			
DISCUSSION QUESTIONS	NOT APPLICABLE			
INTERVIEWS	NOT APPLICABLE			
TOURS	NOT APPLICABLE			
PRACTICE	4			
MASTER TEST	4	3		
EVALUATION FORMS	7			

Additional Suggestions or Comments:

Field Test Breakdown and Comments on Reverse Side

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Field Test Breakdown and Comments

Number Teachers Per Site

	No. of Teachers		No. of Teachers
Site # 1	3	Site # 8	0
Site # 2	2	Site # 9	0
Site # 3	0	Site # 10	1
Site # 4	0	Site # 11	0
Site # 5	1	Site # 12	0
Site # 6	1	Site # 13	0
Site # 7	0		

Total Teachers Participating 8

Comments:

"master test very time consuming--uncomplicated applications by 13 students took 1 hour--but assembling materials involved many hours"

"complicated situations, with many instructors helping, was time consuming"

"why can't this module have the same patients?"

TEACHER EVALUATION FORM

MODULE NO. and TITLE: A-9-25 "Count Narcotics & Controlled Drugs To Determine Accuracy of Inventory" NAME: Field Test Tally Sheet

Place Check mark in most appropriate column for each applicable item
If an asterisk (*) item is checked – please give brief comment

Items To Be Evaluated	ACTION			COMMENTS
	Keep	Modify *	Reject *	
INSTRUCTIONS	6	1		
GOAL	8			
OBJECTIVE	8			
LECTURE CONTENT	6	3		
DEMONSTRATION CONTENT	4	3		
TEXTS	3			
TRANSPARENCIES	NOT APPLICABLE			
AUDIO-TAPE	NOT APPLICABLE			
SLIDES	NOT APPLICABLE			
WORK SHEETS	4			
DISCUSSION QUESTIONS	NOT APPLICABLE			
INTERVIEWS	NOT APPLICABLE			
TOURS	NOT APPLICABLE			
PRACTICE	5	1		
MASTER TEST	5	2		
EVALUATION FORMS	4	1		

Additional Suggestions or Comments:

Field Test Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number Teachers Per Site

	No. of Teachers		No. of Teachers
Site # 1	0	Site # 8	0
Site # 2	2	Site # 9	0
Site # 3	0	Site # 10	1
Site # 4	1	Site # 11	2
Site # 5	0	Site # 12	0
Site # 6	1	Site # 13	1
Site # 7	1		

Total Number Teachers Participating 9

Comments:

"the situations were very confusing and difficult to figure out"

"include unit dose as well as multiple dose"

"since the other modules (oral preparation and administration) use unit dose and multiple dose, this module should contain the same . . . our facility used unit dose for all medications and controlled drugs and the "unit dose narcotic count must be taught"

"it doesn't seem practical to schedule the demonstration more than once"

"prefer another text"

"evaluation form needs explanation"

"it would have been quicker to have had a list of narcotics needed--I had to read through the situations to know how many I needed of each"

"the goals are great--hope they are met"

"in a nursing home every patient has his own narcotic and sign out sheet. . . this would be simpler"

"the goal and objective are good--lecture OK but might need content changed for individual facilities"

TEACHER EVALUATION FORM

MODULE NO. and TITLE: A-9-24 "Administer Oral Medication to the Patient" NAME: Field Test Tally Sheet
Place check mark in most appropriate column for each applicable item
If an asterisk (*) item is checked – please give brief comment

Items To Be Evaluated	ACTION			COMMENTS
	Keep	Modify *	Reject *	
INSTRUCTIONS	8	1		
GOAL	9			
OBJECTIVE	8	1		
LECTURE CONTENT	9			
DEMONSTRATION CONTENT	9			
TEXTS	9			
TRANSPARENCIES	NOT APPLICABLE			
AUDIO-TAPE	NOT APPLICABLE			
SLIDES	NOT APPLICABLE			
WORK SHEETS	5			
DISCUSSION QUESTIONS	NOT APPLICABLE			
INTERVIEWS	NOT APPLICABLE			
TOURS	NOT APPLICABLE			
PRACTICE	7			
MASTER TEST	7	2		
EVALUATION FORMS	7	1		

Additional Suggestions or Comments:

Field Test Breakdown and Comments on Reverse Side

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Field Test Breakdown and Comments

Number of Teachers Per Site

	No. of Teachers		No. of Teachers
Site # 1	0	Site # 8	1
Site # 2	2	Site # 9	1
Site # 3	0	Site # 10	1
Site # 4	0	Site # 11	2
Site # 5	1	Site # 12	0
Site # 6	1	Site # 13	1
Site # 7	1		

Total Number Teachers Participating 11

Comments:

"make all patients same for all modules (situations) and especially preparing and administering oral medications"

"it was very time consuming to set up to effectively evaluate"

"you may want several ways to choose from--we use no Kardex or medication cards for routine orders--only the patient's medication sheet in one book with all the other patient's sheets"

"it seemed the discussion situations were ambiguous, especially some of the complicated ones"

"evaluation form needs explaining"

"perhaps it would avoid a lot of duplication if modules on preparing and administering could be combined"

"time limit too generous for task as is"

"combine with preparation module"

"complicated situations were not that complicated"

"module seemed very complete"

TEACHER EVALUATION FORM

MODULE NO. and TITLE: A-9-23 "Prepare Oral Medications For A Patient" NAME: Field Test Tally Sheet

Place check mark in most appropriate column for each applicable item

If an asterisk (*) item is checked – please give brief comment

Items To Be Evaluated	ACTION			COMMENTS
	Keep	Modify *	Reject *	
INSTRUCTIONS	8			
GOAL	7			
OBJECTIVE	6	2		
LECTURE CONTENT	6	2		
DEMONSTRATION CONTENT	6	2		
TEXTS	6			
TRANSPARENCIES	NOT APPLICABLE			
AUDIO-TAPE	NOT APPLICABLE			
SLIDES	NOT APPLICABLE			
WORK SHEETS	3	1		
DISCUSSION QUESTIONS	NOT APPLICABLE			
INTERVIEWS	NOT APPLICABLE			
TOURS	NOT APPLICABLE			
PRACTICE	6			
MASTER TEST	8			
EVALUATION FORMS	6			

Additional Suggestions or Comments:

Field Test Breakdown and Comments on Reverse Side

Field Test Breakdown and Comments

Number of Teachers Per Site

	No. of Teachers		No. of Teachers
Site # 1	0	Site # 8	1
Site # 2	2	Site # 9	1
Site # 3	0	Site # 10	1
Site # 4	0	Site # 11	2
Site # 5	1	Site # 12	0
Site # 6	1	Site # 13	1
Site # 7	0		

Total Number Teachers Participating 10

Comments:

"make all patients same (in situations) for all modules"

"this module was difficult to teach without the background of medications (they're probably in modules 1-22)"

"it would be just as useful and a little less time consuming to have the student pour more than one drug in the master test situation . . . also, change the sequence of some of the steps e.g. the verification two times before and once after . . . also the handwashing before unlocking because of the distance of the lavatory from the medicine cabinet"

"time limit too long for preparing medication doses (master test)"

"students field testing had had Pharmacology previously so this was a review, but they found it interesting and though it would be an effective way to train new people"

"this module seems very complete. . . it was surprising that some of the participants (at this site) could not grasp the meaning and could not take the master test at all . . . it would seem that those who did not get it would not be medication aide material anyway"

APPENDIX B.7

ADVISORY COMMITTEE

7.1 COMMITTEE LIST
7.2 AGENDAS AND MINUTES
7.3 SUMMARY OF SUB-COMMITTEE

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PROJECT H.O.P.E.

PERFORMANCE BASED STUDENT TRAINING

Summary of Advisory Committee

The Advisory Committee of the P.B.S.T. component of the project was selected and activated late in September 1976. The committee was comprised of fourteen (14) regular members and five (5) ex-officio members representing various areas of health occupations and related educational areas.

Due to the nature of the work selected, by the committee, for the project year, a sub-committee comprised of nine (9) committee members and three (3) additional needed and interested persons was formed. (The sub-committee functioned for a portion of the project year.)

On the following pages can be found:

1. the listing of the committee members
2. the agendas and corresponding minutes for each advisory committee meeting
3. a summary of the meetings of the sub-committee
4. a note of appreciation to all committee and sub-committee members

Project HOPE

Performance Based Student Training Advisory Committee

1976 - 1977

1. Lois Alhauser, Director
   Region 10
   Indiana Voc-Tech College
   Program in Practical Nursing
   619 W. First Street
   Bloomington, IN 47461
   (812) 332-4705

2. Naomi Bedsworth, Instructor
   Geriatric Technician Program
   Fort Wayne Regional Vocational Center
   1200 South Barr Street
   Fort Wayne, IN 46802
   (219) 743-0183 Ext. 41

3. Daisy Borel, R.N.
   3506 N. Kenwood Avenue
   Indianapolis, IN 46208
   (317) 926-0363

4. Sandy Cole, Instructor
   Region 3 E.M.T. Training Program
   Lutheran Hospital
   3024 Fairfield Avenue
   Fort Wayne, IN 46807
   (219) 745-0541

5. Ava M. Cowger, R.N.
   Indiana Nursing Home Association
   Suite 428 Illinois Building
   17 W. Market
   Indianapolis, IN 46204
   (317) 636-6406

6. Betty Eller, Instructor
   School of Practical Nursing
   26 North Arsenal
   Indianapolis, IN 46201
   (317) 636-4501

7. Mary Ann Gardner
   Director Staff Development
   Community Hospital
   1500 North Ritter Avenue
   Indianapolis, IN 46219
   (317) 353-1411

8. Sandy Irwin, H.O. Teacher
   Ben Davis Senior High School
   1200 North Girls School Road
   Indianapolis, IN 46224
   (317) 244-7691

9. Dorothy Jordan, H.O. Teacher
   Tell City High School
   12th Street
   Tell City, IN 47586
   (812) 547-3131

10. Sally Matthews
    Indiana Curriculum Materials
    Center
    Indiana State University, T.A.W.
    Terre Haute, IN 47803
    (812) 232-6311 Ext. 5885

11. Michael Ormiston
    Curriculum Manager
    Fort Wayne Regional Vocational
    Center
    1200 South Barr Street
    Fort Wayne, IN 46802
    (219) 743-0183

12. Eva Rosser, R.N. Exc. Director
    Visiting Nurse Service of
    Fort Wayne
    227 E. Washington Blvd.
    Fort Wayne, IN 46802
    (219) 422-4776

13. Sally Swanson
    Director Nursing Service
    Parkview Memorial Hospital
    2200 Randallia Drive
    Fort Wayne, IN 46805
    (219) 484-6636

14. Phillis Bilger, Chairperson
    P.B.S.T. Committee, Project HOPE
    1532 Fairway Court
    Fort Wayne, IN 46825
    (219) 637-5488

Ex-Offico:

Doug Barney, Co-Chairperson
C.B.T.T. Committee, Project HOPE
COMMANDER
ADMINCEN
ATTN: ATZI - TD
Fort Benjamin Harrison, IN 46216
(317) 542-4337

Sharon Healy, Chairperson
R.I.S. Committee, Project HOPE
1848 Fox Point Trail
Fort Wayne, IN 46807
(219) 447-6128

Mary Holstein, Chief Consultant
Health Occupations Education
Indiana Dept. of Public Instruction
Division of Vocational Education
120 W. Market Street, 16th Floor
Indianapolis, IN 46204
(317) 633-4841

Roy Larsen, Co-Chairperson
C.B.T.T. Committee, Project HOPE
COMMANDER
ADMINCEN
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Fort Benjamin Harrison, IN 46216
(317) 542-4337

Shirley Smalley
Principal Investigator, Project HOPE
New Castle Area Vocational School
801 Parkview Drive
New Castle, IN 47362
(317) 529-5212 Ext. 53

Project HOPE
Performance Based Student Training Advisory Committee
Heritage House, Indianapolis
October 22, 1976

Agenda

I. Call to order

II. Introductions

III. Birth and History of Project HOPE - Mary Holstein

IV. Project HOPE for 1976-77 - Shirley Smalley

V. Objectives, Actions, Product, and Time Line for Performance Based Student Training 1976-77

VI. Review of revised modules (changes and additions)

VII. Future Curriculum Development

  A. Possibilities and rationale

  B. Modules under development

  C. Modules suggested for development

VIII. Module Training Sessions

IX. Questions, Suggestions, and Recommendations

X. Next Meeting

  A. Place ______________________

  B. Date ______________________

  C. Time ______________________

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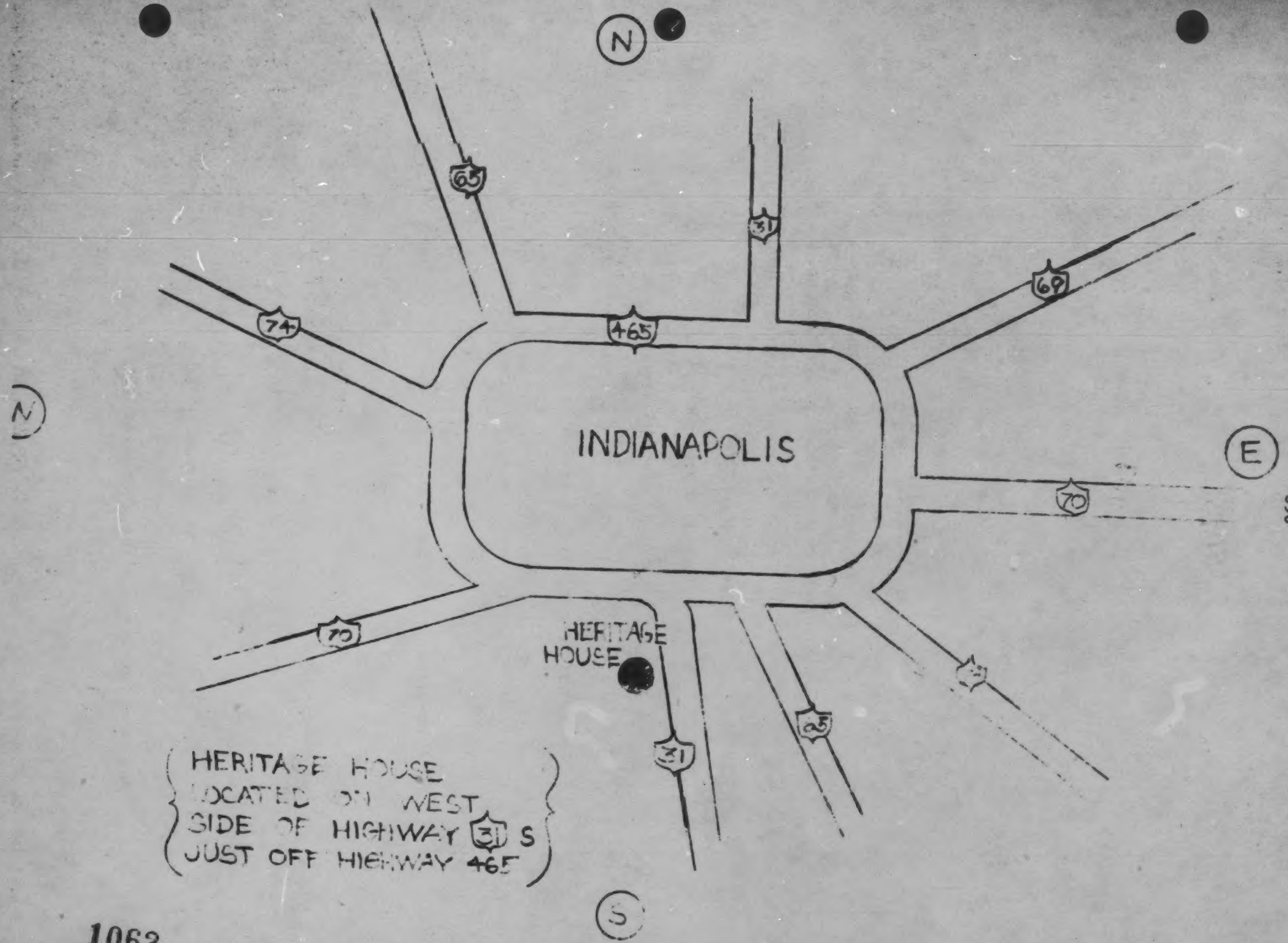
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N
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S
INDIANAPOLIS
65
31
69
74
465
70
70
HERITAGE HOUSE
31
65

HERITAGE HOUSE
LOCATED ON WEST
SIDE OF HIGHWAY 31 S
JUST OFF HIGHWAY 465

Project HOPE

Performance Based Student Training

Advisory Committee Meeting

Heritage House, Indianapolis

October 22, 1976

Minutes

PRESENT: Lois Alhauser, Naomi Bedsworth, Phyllis Bilger, Daisy Borel, Betty Eller, Patricia Helbing, Mary Holstein, Sandy Irwin, Sally Matthews, Carole Shafer (for Sally Swanson), Shirley Smalley, Romma Woodward (for Mary Ann Gardner)

ABSENT: Doug Barney, Sandy Cole, Ava Cowger, Sharon Healy, Dorothy Jordan, Roy Larsen, and Eva Rosser

The meeting was called to order at 9:40 a.m. by the Performance Based Student Training chairperson, Phyllis Bilger. Introductions of all the advisory committee members were given.

Mary Holstein, Chief Consultant in Health Occupations, presented a brief history of Indiana Health Occupations Education and the need for the development of Project HOPE and the part that the Performance Based Student Training committee plays in regard to the overall project. Shirley Smalley, Principal Investigator, gave a brief resume of the overall projected objectives of Project HOPE for the 1976-77 year.

Phyllis Bilger gave a brief review of the work done by the Performance Based Student Training committee since the inception of Project HOPE, establishing the purposes of the "learning modules" as they relate to the curriculum delivery system devised for Project HOPE. A brief summation of the recommendations of field test students, teachers, and the 1975-76 Performance Based Student Training advisory committee was given. The major factors involved in revision of the modules included:

(1) addition of detailed instructions at the beginning and throughout the modules (as needed for clarification)

(2) deletion of options that do not coincide with objectives

(3) restructuring of module to allow for ease of progression through the module

(4) addition of visual aids pertinent to the context of the modules

(5) deletion of audio-visuals by major companies from the module resource list (to be included in teacher's guide only)

(6) changing of title of criterion-referenced test from "post-test" to "master test"

(7) separation of criterion-referenced test from the module per se (due to separation test will have codification and title of module affixed to it)

As an example of the revised modules, Module #AIC 2 - 1 "Microorganisms That Cause Disease" was presented to the committee. The module was reviewed in detail (time did not permit review of all five (5) modules). The concensus of the committee was that the revisions made would enhance student learning and allow for greater ease in the use of the learning module.

Following a break for lunch, the meeting was resumed. The chairperson directed the committee toward examination of the objectives, actions, product and time line for the Performance Based Student Training committee for the 1976-77. It was pointed out that the researcher (chairperson) had met the time line, objectives and products to date. (see attached copies of objectives, action, product and time line).

The advisory committee was then directed to consider possibilities for additional modules to be developed for the 1976-77 year. Possibilities to be considered included:

(1) additional modules for psycho-motor skills for the entire Health Occupations Cluster (there are no psycho-motor skills common to all 87 job titles, but there are approximately 45-50 common to the nursing category)

(2) additional modules for cognitive and/or affective skills for the entire Health Occupations Cluster (there are approximately 14 cognitive skills that are common (core); two (2) are completed and four (4) are under development)

(3) additional modules for a performance based curriculum for a Nursing Home Medication Aide - it is estimated that such curriculum could probably be developed with approximately 15-18 learning modules. (a crucial need in the State of Indiana is present for this currciulum; successful completion of such a curriculum would allow the individual to administer medication in Indiana nursing homes and would permit said nursing homes to operate in compliance with HEW standards making them eligible for federal funding.

It was pointed out to the committee members that if the third possibility listed above were selected, the time line of the committee would have to be re-structured and submitted to the State Board of Vocational/Technical Education for approval.

After much discussion by committee members, a motion was made by Betty Eller and seconded by Lois Alhauser that due to the critical need of the curriculum for the "Nursing Home Medication Aide," these were the learning modules that should be developed for the 1976-77 year. The committee unanimously voted in favor of the motion.

Since the Nursing Home Medication Aide Curriculum will necessitate the development of more learning modules than originally proposed for the 1976-1977 year, additional help will be needed. It was decided that a sub-committee should be formed to assist the Performance Based Student Training chairperson - researcher in the development of the learning modules. The sub-committee will be composed of:

Lois Alhauser, Naomi Bedsworth, Phyllis Bilger, Daisy Borel, Betty Eller, Patricia Helbing, Mary Holstein, Shirley Smalley, and Romma Woodward

Sub-committee members are to submit or bring all medication outlines and programs that they are aware of (published or individually developed) to a special work shop at 9:00 a.m. on Friday November 19, 1976 at the Ben Davis School Corporation Administration Building, 1200 S. High School Road. (See attached map)

The next regular Performance Based Student Training Advisory Committee meeting will be held at the Indianapolis Heritage House on February 25, 1977 at 9:30 a.m.

The meeting was dismissed at 2:30 p.m. by the chairperson.

Respectfully submitted,

Phyllis Bilger

Phyllis Bilger, Chairperson
Performance Based Student Training
Project HOPE

PB/sa

Note: change of time of November 19th meeting to 9:00 a.m.

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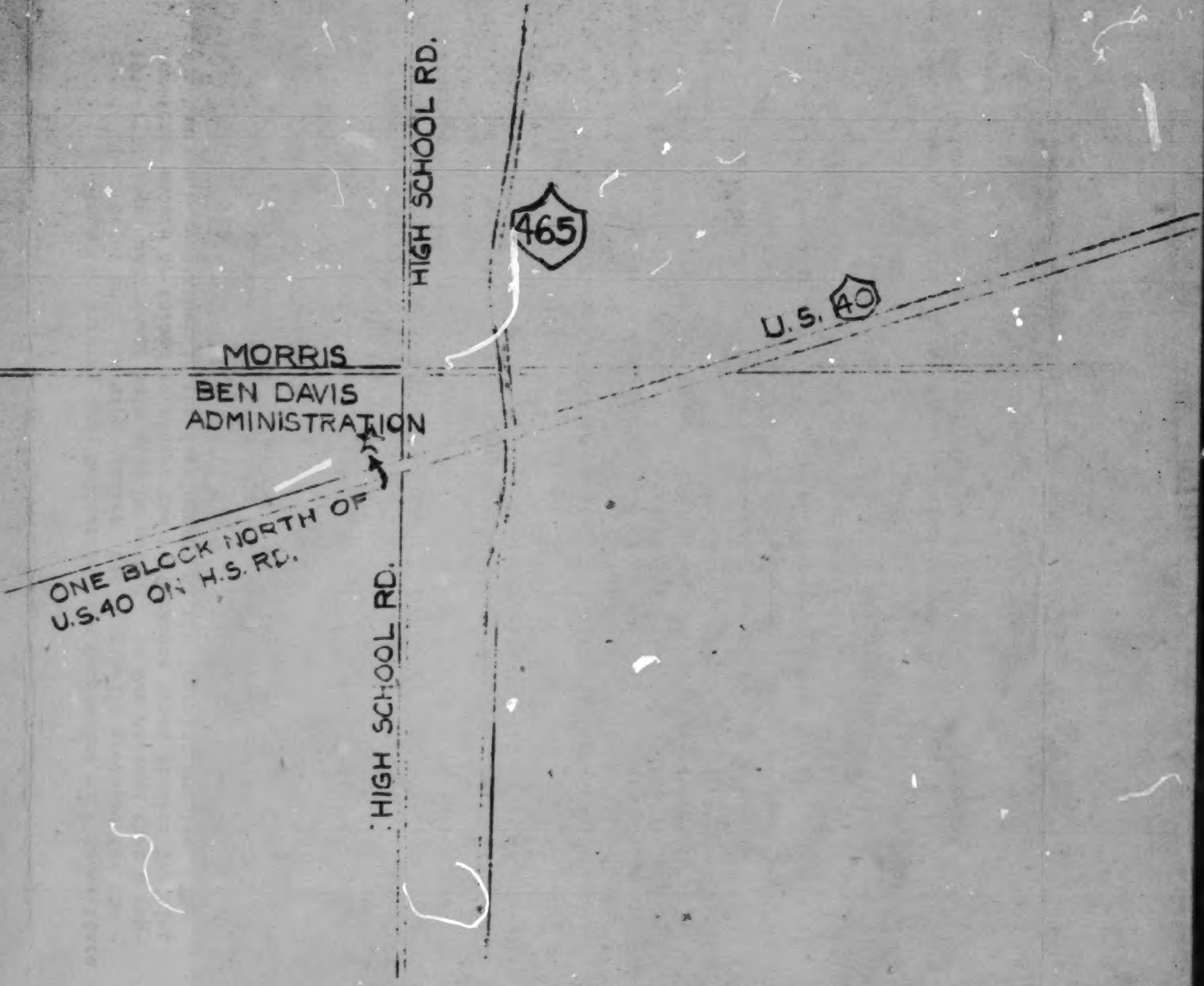
HIGH SCHOOL RD.
465
U.S. 40
MORRIS
BEN DAVIS
ADMINISTRATION
ONE BLOCK NORTH OF
U.S.40 ON H.S. RD.
HIGH SCHOOL RD.

Project HOPE
Performance Based Student Training
Advisory Committee Meeting
Heritage House, Indianapolis
February 25, 1977

Agenda

I. Call to order

II. Introduction of visitors

III. Review of abstract for Technical Report of first two years of Project HOPE

IV. Approval of sub-committee meeting minutes of January 21, 1977

V. Summary of sub-committee work to date

VI. Question period

VII. Future curriculum development

   A. Review cognitive and psycho-motor areas of curriculum for unlicensed medication personnel

   B. Examine completed task analyses for psycho-motor skills, instructional objectives and criterion referenced tests for curriculum

   C. Report of sub-committee members on cognitive areas

VIII. Questions, suggestions and recommendations

IX. Next meeting for sub-committee

   A. Place ______________________

   B. Date ______________________

   C. Time ______________________

X. Next meeting for full committee

   A. Place ______________________

   B. Date ______________________

   C. Time ______________________

Project HOPE

Performance Based Student Training

Advisory Committee Meeting

Heritage House, Indianapolis

February 25, 1977

Minutes

PRESENT: Doris Aiken, Phyllis Bayt, Phyllis Bilger, Ava Cowger, Betty Eller, Joan Esarey, Emma Flinner, Patricia Helbing, Jan Herr, George Highway, Mary Holstein, Virginia Laughlin, Sally Matthews, Mary Runnels and Shirley Smalley

ABSENT: Lois Alhauser, Doug Barney, Naomi Bedsworth, Daisy Borel, Sandy Cole, Sandy Irwin, Dorothy Jordan, Mike Ormiston, Eva Rosser, Sally Swanson, and Romma Woodward

The regular meeting of the Performance Based Student Training Advisory Committee was called to order at 9:45 a.m. by the chairperson, Phyllis Bilger. Due to the nature of this year's work of the committee, that of preparing a state approved curriculum for the medication aide, many questions and much interest has been generated across the state. For those reasons, a number of guests were present at the meeting namely:

Phyllis Bayt - I.V.T.C., Indianapolis
Joan Esarey - I.V.T.C., Richmond
Emma Flinner - I.S.B.N.R. & N.E., Indianapolis
Jan Herr - Health Occupations Student Teacher, New Castle
George Highway - I.S.B.H., Indianapolis
Mary Runnels - I.F.L.P.N., Indianapolis

In order to bring everyone up to date, the purpose and work of the committee, todate, was reviewed by Mrs. Bilger. Also the proposed curriculum for the medication aide, based on the performance based delivery system and criterion-referenced instruction, was presented to the group. (The content of the curriculum is that that had been previously established by the Indiana State Board of Health Ad Hoc Committee).

Mrs. Bilger explained the proficiency examination, that has been prepared by the Performance Based Student Training sub-committee, to be taken by those persons who have been through some type of medication course, are currently administering or have administered medications in nursing homes, but are unlicensed personnel. She pointed out that the proficiency exam was compiled around the same areas of the proposed curriculum. The exam has been field tested in two schools of practical nursing with a total of 127 students taking the exams. (Part of the students were approximately half way through their training and part of them were preparing to graduate) Mrs. Bilger stated that the time span for the practical students to complete the exam ranged from one hour to two and a half hours. An analysis of the results of the exam has not been completed todate, but a passing grade of 75% has been established.

Discussion insued concerning the criteria that must be established to assure eligibility of a prospective examinee and the validity of the questions. Mr. Highway explained the procedure by which an examinee will be considered eligible. Mrs. Bilger explained that the sub-committee is to have a separate session to discuss validity of the questions of the exam based upon the results of the field test and established criteria. Mary Runnels recommended that test results be evaluated so that the responses to questions relevant to the psycho-motor skills (of the proposed curriculum) be required for passage within the 75% passing grade.

Emma Flinner made suggestions concerning the cost of the exam (to the examinee), security procedures for administering the exam, location for the exam, sites, and multiple-exams within the same day, etc.

Further discussion continued concerning the manner in which those who pass the proficiency exam will be identified. Mr. Highway informed the group that the present intentions are to issue a paper (certificate) verifying passing the exam to each individual, plus all names of those receiving certificates will be kept on a roster by the Indiana State Board of Health. Those who do not pass, will be permitted to take the curriculum being developed and try again.

Mrs. Flinner offered to assist Mr. Highway in whatever manner possible with the administration of the examination. The regular Performance Based Student Training Advisory Committee meeting was adjourned at 1:45 p.m. with the next meeting tentatively scheduled for 9:30 a.m. on July 15, 1977, at the Indianapolis Heritage House.

Those members of the Performance Based Student Training sub-committee present, had a short session regarding the evaluation of the field test of the proficiency exam. It was determined that since analysis of the scores was not complete another date for evaluation would have to be set. Those present agreed that they could meet at 9:00 a.m., March 4, 1977, at the Indianapolis School of Practical Nursing. The sub-committee meeting was adjourned at 2:45 p.m.

Respectfully submitted,

Phyllis J. Bilger

Phyllis J. Bilger, Chairperson *sa*
Performance Based Student Training
Project HOPE

PJB/sa

PROJECT H.O.P.E.

Performance Based Student Training

Advisory Committee Meeting

Heritage House, Indianapolis

July 15, 1977

Present: Phyllis Bilger, Ava Cowger, Betty Eller, George Heighway, Pat Helbing, Mary Holstein, Sandy Irwin, Virginia Laughlin, Romma Woodward

Absent: Lois Alhauser, Naomi Bedsworth, Dough Bord, Sandy Cole, Dorothy Jordon, Sally Matthews, Michael Ormiston, Eva Rosser, Sally Swanson

The meeting was called to order at 9:30 a.m. by the Chairperson, Phyllis Bilger. Minutes of the February 25, 1977 meeting were read and approved. Minutes of the March 25, 1977 meeting of the sub-committee were read and approved. The question was raised as to the disposition of the "medication aide" program since the cessation of the work of the sub-committee. Mr. George Heighway, representative of the Indiana State Board of Health, was asked to reply to the question.

Mr. Heighway's reply was as follows:

The Indiana State Board of Health had considered the issue at great length regarding the relevancy of such a program and the administrative responsibilities for such a program. It was determined that the relevancy of the program would be established by a hearing, which was held on June 13, 1977 with testimonies being heard from many interested and involved parties e.g. pharmacists, Indiana State Board of Health, District Office of Board of Health, Indiana State Nurse's Association, Indiana State Nursing Board, Indiana Nursing Home Association, etc. Over fourty testimonies were given and there was a great deal of discussion regarding the proper utilization of licensed personnel. The meeting was summarized by Dr. Paynter, Indiana State Board of Health Commissioner; a general consensus of the group, following the summation, was that in order to up-date our nursing homes the "medication aide" curriculum should be developed. On July 13, 1977, the Executive Board of the Indiana State Board of Health met and approved the development of the curriculum (with one abstention).

In regard to the administration of the curriculum, Mr. Heighway replied that involved persons from the Indiana State Board of Health concurred on the following:

1. The Indiana State Board of Health was responsible for having the curriculum developed.

2. The Indiana State Board of Health is not an educator.

3. The Indiana State Board of Health felt the administration should be under the Indiana Department of Public Instruction.

With the direct approval of the Executive Board of the Indiana State Board of Health, meetings have been held and will continue to be held with the proper personnel from the Indiana Department of Public Instruction, Division of Adult Education regarding the formalizing of administration for the curriculum.

A general discussion between members of the Advisory Committee and Mr. Heighway, regarding the one-time proficiency examination developed by the sub-committee followed. Mr. Heighway stated that of this date there are approximately 1600 applicants for the exam. The field will be re-surveyed (to delete old applicants, if any, and add new ones). Following the re-survey, a new date will be set for the proficiency exam and all involved health care agencies will be notified. Those applicants passing the proficiency exam will go on the state roster. Those not passing the exam may continue to administer medications with continued applicable in-service (this allows time for the remainder of the curriculum to be developed). In regard to the monetary situation for the program, the Department of Public Instruction has no funds for the administration, therefore, funding will have to be worked out.

The chairperson reviewed the work she had completed for the Performance Based Student Training component since the February meeting. Six of the eight manual tasks (psycho-motor skills) for the "medication aide" curriculum have been analyzed and had Instructional (Terminal) Objectives and Criterion - referenced Tests written. Learning modules have been written and printed for these six areas. (Learning modules for the last two tasks are currently being written and will be completed by the end of July.) A Teacher's Planning Guide was developed to accompany the learning modules and three teacher training sessions, on the use of the learning modules, were held. Field testing of the learning modules have been scheduled for July 15, 1977 - August 15, 1977. The learning modules, teacher's guides and evaluation forms have been disseminated to 13 field test sites across the state. The break down of the field test sites include:

1. Types of Facilities:
   a. 8 nursing homes
   b. 2 state hospitals
   c. Licensed Practical Nurse programs
   d. Geriatric Technician program

2. Location:
   a. Michigan City
   b. Valparaiso
   c. South Bend
   d. Fort Wayne (2)
   e. Marion
   f. Richmond
   g. Shelbyville
   h. Franklin
   i. Columbus
   j. Butlerville
   k. Washington
   l. Evansville

Following the field tests, evaluations will be returned (both teachers and students) and the final report will be written and submitted by August 31, 1977. A proposal for a grant has been written and submitted to the Indiana State Board of Vocational/Technical Education to complete the curriculum for the "medication aide" during the 1977-78 year. Committee members were asked to consider serving on the advisory committee for next year, in the event the proposal is accepted. The meeting was adjourned by the Chairperson at 11:40 a.m.

Respectfully submitted,

Phyllis Bilger
PBST Chairperson, Project H.O.P.E.

PROJECT H.O.P.E.

Performance Based Student Training

Sub-Committee Meetings

October 22, 1976 - March 25, 1977

Summary

At the October 22, 1976 meeting of the Performance Based Student Training Advisory Committee, the committee members were directed to consider three possibilities for continued curriculum development.* Due to the critical need for a curriculum for unlicensed medication personnel in the state, the committee unanimously voted in favor of that curriculum development for the 1976-77 year of the project.

It was determined that due to the urgency and enormity of the needed curriculum a sub-committee (from the original committee) should be formed. The sub-committee was originally composed of:

> Lois Alhauser, Naomi Bedsworth, Phyllis Bilger, Daisey Borel, Betty Eller, Patricia Helbing, Mary Holstein, Shirley Smalley and Romma Woodward

As interest and need increased, the following health occupations personnel were added to the sub-committee:

> Doris Aiken, Geraldine Huber and Virginia Laughlin

The time line of the committee was re-structured, submitted to the State Board of Vocational-Technical Education and was approved. Mary Holstein became the liaison person between the representative of the Indiana State Board of Health, George Heighway and the sub-committee. Many individual conversations and small meetings were held between members of Indiana State Board of Health, Indiana State Board of Vocational-Technical Education, Division of Vocational Education and the Project to take care of the definite details of putting the operation into motion.**

Mr. Heighway met with the sub-committee for their first session on November 19, 1976.*** At this session the learning module delivery system currently used by the Performance Based Student Training committee was explained to Mr. Heighway. He, in turn, explained the state requirements and proposed curriculum content for the unlicensed medication personnel. Both factors agreed that the Performance Based Student Training delivery system could be utilized to meet the Indiana State Board of Health needs. Mr. Heighway also identified the specific psycho-motor skills that would be needed to the proposed curriculum. He added that in lieu of time needed to prepare curriculum to satisfy Health, Education and Welfare mandates, he needed to have a "one-time" proficiency examination prepared to be given to those unlicensed individuals who have been through current instructional programs. This examination would be given to determine if said individuals met qualifications to continue to administer medications. This examination would need to be ready by January 31, 1977.

Additional meetings of the sub-committee were held on December 15, 1976, January 7, 1977, and January 21, 1977. At these sessions the following were completed:

1. the division of the curriculum into areas suitable for learning module development was presented, discussed and approved - there are to be 22 cognitive areas and 8 psycho-motor areas
2. assignments for research materials were made among the sub-committee members
3. criteria for the questions, structure, length and evaluation of the proficiency examination were presented, reviewed and agreed upon
4. questions for the proficiency examination were pooled, reviewed and sorted according to the areas agreed upon
5. selection of questions for the first twenty areas was made
6. questions for areas 21 - 30 were examined and general recommendations were made***

Time did not allow for further progress past this point. The sub-committee members elected to have Phyllis Bilger and Mary Holstein complete the selection of questions, sequence them, prepare a "sample test" for instructional purposes and submit the proficiency examination for printing and proofing by January 31, 1977.

To determine any possible errors, discrepancies or misunderstanding, the examination (untitled) was field tested by current practical nursing students during the early part of February, 1977. Results of the field test were compiled and a meeting was held on March 4, 1977 to review the results. Those exam questions which were missed by more than 50% of the participating students were reviewed. Determinations were made as to whether said questions should be reworded, deleted and replaced or left as they were due to their importance. The evaluated proficiency exam was later submitted to the Indiana State Board of Health. Sub-committee assignments were reviewed and a meeting for March 25, 1977, was scheduled to begin the development of the 22 cognitive areas of the curriculum for unlicensed medication personnel. At the time of the March 25th meeting several sub-committee members asked to speak regarding a troublesome situation that had arisen concerning the work of the sub-committee. It was reported that numerous phone calls and some correspondence had been received by committee members, from different concerned health occupations persons questioning:

1. the relevancy of the medication aide curriculum
2. the governing of the medication aide curriculum (including established pre-requisites)
3. the administrative responsibilities of the medication aide curriculum

Although many of these communications had been directed to Indiana State Board of Health representatives, clarification of the problem did not seem to be forthcoming and the situation persisted. Mrs. Bilger and the project monitor, Mary Holstein, were asked to clarify the questions, if possible. Mrs. Holstein reported that she had many conversations and meetings with the Indiana State Board of Health representatives, but a definite structure for governing and administration of the medication aide program had not yet been resolved. Extensive discussion followed. The premise of the discussion was that although the committee attested to the relevancy of the curriculum, the governing and administrative responsibilities were not within their jurisdiction, therefore the sub-committee was being unduly burdened.

There was a decision made by the majority of the sub-committee to cease in any further development of the medication aide curriculum until the governing and administrative responsibilities of said curriculum be decided upon. The final disposition of the curriculum for unlicensed medication personnel was not resolved soon enough for the sub-committee to have any further meetings during the 1976-77 year of the project.****

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* See page 2 of minutes of October 22, 1976, Performance Based Student Training meeting.

** Official correspondence is printed and available upon request.

*** Minutes of sub-committee meetings have been printed and are available upon request.

**** The final disposition of the curriculum can be found in minutes of the July 25, 1977, Performance Based Student Training meeting.

PROJECT H.O.P.E.
Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

PROJECT DIRECTOR:
Beverly Hankenhoff
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

I wish to take this opportunity to thank you for serving on the Performance Based Student Training Advisory Committee and/or Sub-Committee of Project H.O.P.E. for the 1976-77 year. At the beginning of the project year, I'm certain none of us had any conception of the things that lay ahead. However, in looking back over the year's accomplishments, it is my feelings that we have made decisive progress in both the Health Occupations field and that of Vocational Education. May you all feel pride in the work of this committee and its sub-committee for decisions made and products rendered this year. If funded, we will be continuing the medication aide curriculum in the 1977-78 year. If you would be willing and able to serve on the advisory committee next year, please fill out the form below, detach and return. Once again, thank you for all your assistance this past year.

Sincerely,

Phyllis Bilger
Performance Based Student Training
Chairperson, Project H.O.P.E.

------------------------------- Cut ----- Along ----- Line -------------------------------

_____Yes, I would be able to serve in 1977-78 on an Advisory Committee for the medication aide curriculum

_____Any day of the week is alright for meetings

_____I would prefer meetings be held on_______________

_______________________Signature

APPENDIX C

INFORMATION RESOURCE COMPONENT

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C.2 Indiana Health Occupations Educational Training Profile 983
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SUMMARY OF THE PROCEDURES AND TECHNIQUES USED BY INFORMATION RESOURCE COMPONENT TO ACCOMPLISH THE OBJECTIVES

Objectives:

The objectives were clearly stated in the project:

1. To complete the Indiana Health Occupations Educational Training Profile. Appendix C .2
2. To develop a computerized resource data collecting system model. Appendix C .3

Methodology:

Sharon Healy, the Resource Information Service Researcher/chairperson was unable to function due to a scheduling conflict at her place of employment. Mrs. Healy resigned at the end of the first quarter of the project. Shirley Smalley, principal investigator was designated by the General Advisory Committee to serve as chairperson or general coordinator of the Information Resource Committee. The money designated for researcher/chairperson was used to employ Jackie Garver. Mrs. Garver compiled the guidance information for use in the profile.

Orville Scribner, as the project's computer analysis and research system consultant, designed a computerized resource data collecting system. Sally Mathews served as the vocational curriculum development consultant. Dr. Gerald Dudley was consulted regarding media especially in the area of career guidance.

The following procedures were implemented:

1. Four consultants, meeting the criteria established in the guidelines of the project, were contacted. The consultants were appointed to serve in a specific capacity.

2. The General Advisory Committee was selected to serve also as Information Resource Committee because of the delay resulting from resignation of the researcher/chairperson.

3. A questionnaire was designed and mailed to all Indiana post-secondary institutions to obtain information for the profile. Appendix C .1 A list of the post-secondary institutions responding appears in the profile.

4. Information obtained from questionnaires was utilized in the profile.

5. Shirley Smalley consulted with Dr. Gerald Dudley concerning the selection and use of appropriate tests for career guidance.

6. The profile was expanded to include a career guidance section based on 87 health occupations job titles which constituted the health occupations cluster, developed by Performanced-Based Student Training Component of Project H.O.P.E. Jackie Garver compiled information for this section.

7. The Indiana Health Occupations Educational Training Profile was completed. Appendix C .2

8. Orville Scribner researched existing computer resource systems. Following a review of the information obtained, the consultants and advisory committee decided Project H.O.P.E.'s computerized system should be compatible with the nationally designed system developed with federally funded monies by the state of Illinois entitled, A National Annotated Bibliography of Curriculum Materials in Vocational and Career Education.

9. Mr. Scribner designed a computerized resource system. Appendix C .3

10. The Scholarship category of the resource system was developed to aid in testing the effectiveness of the system. Various scholarships, which applied specifically to health occupations students were researched and coded for use with proposed computerized system. Appendix C .4

11. The computerized resource system was evaluated by an outside evaluator, Thomas Locey, who evaluated the system to determine its efficiency, effectiveness and workability.

12. The computerized resource system was evaluated by Sally Mathews to determine the practical feasibility of implementing this system at Indiana Curriculum Materials Center at Indiana State. Appendix C .6

APPENDIX C.1

LETTER AND QUESTIONNAIRE TO IDENTIFY INDIANA HEALTH OCCUPATIONS PROGRAMS

PROJECT H.O.P.E.

Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

PROJECT DIRECTOR:
Beverly Henkenhoff
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

January 3, 1976

Dear Respondent:

In an effort to meet the ever-increasing demand for qualified Allied Health workers, in Indiana, the State Board of Vocational-Technical Education has funded a research effort called Project H.O.P.E., A Comprehensive Plan for Indiana Health Occupations Program Educators.

The Resource Information component of Project H.O.P.E. would like to update the listing of pre- health occupation programs available in the State of Indiana (example - pre-dentistry, pre-medicine, etc.) I am sending your school a data sheet to be completed for each established program. I have enclosed extra sheets for any new programs you may have.

Please complete the information on each category and return the enclosed forms to:

Mrs. Shirley Smalley
Project H.O.P.E. Principal Investigator
801 Parkview Drive
New Castle, IN 47362

The questionnaire should be returned by January 30, 1977. Thank you for your cooperation.

Sincerely,

Shirley Smalley

Shirley Smalley (Mrs.)
Project H.O.P.E.
Principal Investigator

SS/ss

Project HOPE

Information Services Committee

Name of Person Completing Survey ______________________ Title ______________

Institution ______________________ Street Address ______________________

City ______________________ Zip ____________ Telephone ______________

Curriculum/Program ____

PLEASE CHECK OR FILL IN THE APPROPRIATE BOXES BELOW FOR ITEMS 1 THROUGH 3

1. Level of Curriculum:

1	Secondary
2	Post-secondary (Full Time Program)
3	Continuing Education (Adult) Short Term Program
4	Health Care Agency

2. Years program in existence:

5	Less than 1 year
6	1 - 2 years
7	2 - 5 years
8	5 - 10 years
9	10 years plus

3. FINANCIAL INFORMATION

Tuition: $ ☐☐,☐☐☐.☐☐

Room and board: $ ☐☐,☐☐☐.☐☐

Scholarships available: Yes ☐ No ☐

Loans available: Yes ☐ No ☐

Work/Study available: Yes ☐ No ☐

Stipend available: Yes ☐ No ☐

For more information on student financial aid write: ______________________

OTHER INFORMATION

Please list other pertinent information below:

ADMISSIONS INFORMATION

Specific pre-requisites: Previous Education: ______________________

Age: ____________ Pre-Entrance Exam(s): ______________________

When to apply: ______________________ Number of annual admissions: ____________

Program begins each year (Date): ______________________

Length of course: ______________________

Clinical affiliations: ______________________

For more information and application forms write: ______________________

COMMITTEE USE ONLY

Job titles:

Job Number ________

1. Sub Cluster: ____________
2. Category: ____________
3. Sub-Category: ____________
4. Job Title Code: ____________

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Fold Here, Staple, and Mail

Postage
Due

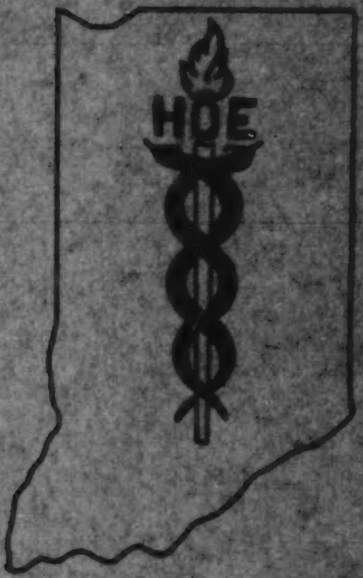
Mrs. Shirley Smalley
Project HOPE Principal Investigator
801 Parkview Drive
New Castle, IN 47362

Fold Here

APPENDIX C.2

INDIANA HEALTH OCCUPATIONS EDUCATIONAL TRAINING PROFILE

INDIANA HEALTH OCCUPATIONS
EDUCATIONAL TRAINING PROFILE
1977



Developed by: Shirley Smalley, PROJECT H.O.P.E., Project 16-76 T-D-2
Funded by: INDIANA STATE BOARD OF VOCATIONAL AND TECHNICAL EDUCATION

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INTRODUCTION

The Indiana Profile of Health Occupations Training Programs was compiled to assist students, coordinators, guidance counselors, and parents in identifying pertinent information regarding health occupations careers. The many resources used to prepare the booklet have been cited in the bibliography.

The profile was developed with funds provided by the Indiana State Board of Vocational and Technical Education through the research project number 16-76T-D-2.

Numerous people have contributed to the completion of the profile. Special recognition is given to Jackie Garver B.S., R.N., for her work in researching the guidance section. Also, special recognition is given to Sharan Alford and Georgette Pope for typing and assembling the project.

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INDIANA HEALTH OCCUPATIONS TRAINING PROGRAMS

This section of the profile designates the type of educational institution offering specific health occupations programs. The Health Occupations education programs are grouped according to the following divisions:

Page

University and College Programs below the B.S. Level 2

Indiana Accredited Private School Programs below the B.S. Level. . 3

State and Private University and College Programs at B.S. or M.S. Level 4

State and Private University and College Programs for Pre-Professional Training 5

Indiana Vocational Technical College Programs. 6

AMA Approved Hospital and Private Clinic Programs. 7

Area Vocational School and Comprehensive High School Programs. . . 8

The level of training required by each program has been keyed according to the following model:

TC - Technical Certificate
DP - Diploma
A - Associate Degree
B - Bachelor Degree (B.S. or B.A.)
M - Master Degree (M.S.)

The health occupations job titles have been alphabetized for convenience.

Indiana Universities & Colleges offering
HOE Training Programs
Less than B. S.

PROGRAM TITLE	Associate Degree Awarded	Length of Prog. in Years	Ball State Muncie	Indiana State Univ. Evansville	Indiana State Univ. Terre Haute	Indiana University Bloomington	Indiana University Gary - Northwest	Indiana University Kokomo	Indiana University New Albany	Indiana University East-Richmond	Indiana University South Bend	IUPUI Indianapolis	IUPUI Ft. Wayne	Purdue Calumet Hammond	Purdue North Central Westville	Purdue West Lafayette	Vincennes University	Anderson College	George Rogers Clark College	Indiana Central	Indiana College of Mortuary Science	Manchester College	Marian - Indianapolis	Marion-Marion	University of Evansville
Certified Lab. Assistant		1		A	A																				
Child Care Education		2																A							A
Child Day Care		2												A								A			
Dental Assisting	*	1		TC/A							TC	TC							DP						
Dental Lab. Tech.	*	2		A									A												
Dental Hygiene	*	3		A			A				A	A	A				TC								
Dietary Tech.	*	2								TC	A	A	A				A								
Electrodiagnostic Tech.	*	2					A																		
Emergency Med. Tech.	*	2																		A					
Family Nurse Prac. R.N. req.		6mo.										B													
Health Care Mgmt.	*	2						A																	
Histologic Tech.	*	2					A																		
Inhalation Therapy Tech.	*	2																							A
Medical Assistant																			DP						
Medical Lab. Tech.	*	2		TC	A		A	B																A	
Medical Records Tech.	*	2					A					B					A								
Medical Secretary	*	2															A		DP						
Medical Transcription	*	2										A													
Mental Health Tech.	*	2											A				A								A
Mortuary Science	*	2															A				A				
Nuclear Medicine Tech.	*	2										A													
Nursing (Assoc. Arts)	*	2	B		A		A	A	A	A		A	A	A	A	A	A	A		A			A		A
Occ. Therapy Tech.	*	2										A													
Optometric Tech.	*	2				A																			
Practical Nursing		1															TC								
Chemo-Tech., Option-Pharmaceutical	*	2										A													
Physical Therapy Tech. Asst.	*	2															A								A
Radiologic Tech. 2 yrs.	*	2		A			A	A			A	A	A												
Respiratory Therapy Tech.	*	2		A			A					A	A				A								A
Veterinarian Tech.	*	2														A									

Indiana Accredited Private Schools Offering Health Occupations Education Training Programs

PROGRAM TITLE	Delaware Ball Memorial Hospital	Wells Caylor-Nickel Hospital-Bluffton	Vanderburgh Deaconess Hospital	Elkhart Elkhart Institute of Technology	Knox Good Samaritan Hospital	Hancock Hancock County Memorial Hosp.	Vanderburgh Lockyear College of Business	Allen Lutheran Hospital-Ft. Wayne	Marion Methodist Hospital	St. Joseph Memorial Hospital	Delaware Muncie School of Practical Nursing	Allen Parkview	Tippecanoe Physician's Clinical Lab.	Porter Porter Memorial Hospital	Marion Professional Careers Institute	Randolph Reid Memorial Hospital	Lake Sawyer College of Business	Lafayette St. Elizabeth's Medical Center	Allen St. Joseph's Hospital	Shelby Thornton-Haymond-Costin-Buell-Bolinger (Shelbyville, Rushville)	Marion Wishard Memorial Hospital
Certified Lab. Assistant		C		DP									C							C	
Dental Assisting				DP											DP						
Dental Lab. Tech.				DP																	
Medical Assisting				DP			A								DP						
Medical Secretary							A										DP				
Operating Room Tech.								C													
Para-Medical Receptionist/Secretary							DP								DP						
Radiologic Technician	C																				
Respiratory Therapy Tech.									C												
Registered Nurse			DP		C	C		DP		DP		DP		C		C		DP	DP		DP

HOE Professional Training Programs

B.S. and/or M.S. Level

	State Universities												Independent Colleges and Universities																				
PROGRAM TITLE	Ball State Univ.	IUPUI-Med. Ctr.	IUPUI -Ft. Wayne	Indiana St.-Evansville	Indiana St.-Terre Haute	Indiana Univ.-Bloomimton	Indiana Univ.-Gary	Indiana Univ.-Kokomo	Indiana Univ.-South Bend	Indiana Univ.-Southeast	Purdue Univ.-Calumet	Purdue Univ.-Lafayette	Anderson College	Bethel College	Butler University	DePauw University	Goshen College	Grace College	Hanover	Huntington	Indiana Central	Manchester	Marian College-Indpls.	Marion College-Marion	St. Frances	St. Joseph's College	St. Mary's-Notre Dame	St. Mary's of the Woods	St. Meinrad	Taylor	Univ. Of Evansville	Valparaiso	Vincennes
Allied Health		M																															
Anesthesiology		M																															
Cytology		B																									B						
Dental Hygiene Education			B	B																													
Dentistry DDS		PhD																															
Environmental Health	B				B																												
GeneralPathology						M						M																					
Hospital Dietetic		B			B							B					B						B										
Hospital and Health Care Adm.		M																															
Medical Doctor M.D.		MD																															
Medical Records Adm.		B																															
MedicalTechnology	B	B	B		B	B	B	B	B	B	B	B		B			B				B	B	B		B	B	B	B		B	B		
Mental Health																															B		
Mortuary Science																					B												A
Nursing B.S.	B	B	B	B	B	B					B	B	B			B	B	B			B		B	B			B				B	B	
Nursing M.S.	M	M																													M		
Occupational Therapy		B																															
Optometry OD						B																											
Pharmacy PhD MS												B			B																		
Physical Therapy		B																															
Physiological Optics PhD						M																											
Public Health		B			B	M																											
Radiologic Technician 4 years		B																															
Respiratory Technician		B																															
Special Education MA	B	B			B	B									B	B													B				
Speech and Audiology Pathology	B				B	B						M																					
Speech and Hearing Therapy	M					B						M																					
Social Work	B	B			B												B								B			B		B	B		
Veterinary Medicine DVM												DVM																					
Veterinary Medicine Specialties												M																					

Pre-Professional HOE Training Programs

PROGRAM TITLE	State Universities															Independent Colleges and Universities																								
	Ball State University	Indiana State Univ.-Evansville	Indiana State Univ.-Terre Haute	Indiana Univ. -Bloomminton	Indiana Univ.-Ft. Wayne	IUPUI	Indiana Univ.-Kokomo	Indiana Univ.-Northwest	Indiana Univ.-Southeast	IUPUI -Medical Center	Purdue - No. Central-Westville	Purdue Univ. - Calumet	Purdue Univ.-Ft. Wayne	Purdue Univ.-Lafayette	Vincennes	Anderson College	Bethel College	Butler University	DePauw University	Earlham College	Franklin College	Goshen College	Grace College	Hanover	Huntington College	Indiana Central	Manchester College	Marion College-Indianapolis	Marion College - Marion	Notre Dame	Rose Hulmon	St. Francis College	St. Joseph College	St. Mary's College-Notre Dame	St. Mary-of-the-Woods-Terre Haute	St. Meinrod	Taylor University	Univ. of Evansville	Valparaiso University	Wabash College
Audiology & Speech											2y																													
Pre-Dental Hygiene	1y														1y																									
Pre-Dentistry	3y	2y		3-4y	2-3y		3-4	1y	3-4		2y	4y	4y	3-4	2y	3-4			4y		3-4				4y	3-4	4y	4y	3-4	3-4			4y				3y		4y	3-4
Pre-Dietetics			4y	4y										4y								4y						4y							4y				4y	
Pre-Medicine	3y			4+1	3y		3-4	1y	3-4		2y	4y	3-4	3-4	2y	3-4	3-4	4y	4y	3-4	3-4	4y			4y	4y	4y	4y	3-4	3-4	3-4	4y	4y		3-4		3y	3-4	4y	3-4
Pre-Med. Tech.											2y	3y			2y																									
Pre-Nursing																2y							2y					1+	2y			2y								
Pre-Optometry	4y	2y	2y	2y	2y			2y	2y						2y												3-4													
Pre-Occupational Therapy															2y							1-2																		
Pre-Pharmacy	2y	2y	2y	2y				2y	2y		2y	2y	2y		2y							2y																		
Pre-Physical Therapy	2y																					1-2																		
Pre-Social Work	4y	2y	4y	3y				2y				4y				4y	4y		4y								4y				2y			4y			4y			
Pre-Veterinarian	4y	3y	2y						2y		2y		2y	2y																										
Pre-Speech Therapy																																			3y					

Indiana Vocational Technical College

Degree — Credit

Health Occupations Programs

PROGRAM TITLE	No. of Quarters — * A.A.S. Degree	Bloomington Region 10 (Monroe)	Columbus Region 10 (Bartholomew)	Evansville Region 12 (Vanderburgh)	Ft. Wayne Region 3 (Allen)	Gary (Lake)	Indianapolis Region 8 (Marion)	Kokomo Region 5 (Howard)	Lafayette Region 4 (Tippecanoe)	Madison Region 11 (Jefferson)	Muncie Region 6 (Delaware)	Richmond Region 9 (Wayne)	Sellersburg (Floyd)	South Bend Region 2 (St. Joseph)	Terre Haute Region 7 (Vigo)
Child Care Technology	4*					A					A				
Clinical Lab. Tech.	7		TC				TC		TC			TC		TC	TC
Dental Assisting	3								TC						
Dietetic Assistant	3														
Emergency Care Tech.	4						TC		TC						
Emergency Care-Ambul.	1														
Medical Assistant	6*			A		A	A	A	A	A	A		A	A	A
Medical Secretary	4				TC		TC	TC	TC		TC		TC		
Nurse Aide/Orderly	-1														
Obstetrical Technology	4														
Operating Room Tech.	4					TC	TC	TC	TC				TC	TC	
Practical Nursing	4	TC	TC			TC			TC			TC		TC	TC
Respiratory Therapy Tech.	4		TC		TC	TC	TC		TC						
Radiologic Tech.	8*						TC								

AMA Approved Hospital and Private Clinic
Health Occupations Education Programs

PROGRAM TITLE	Ball Memorial Hosp. Assoc., Inc. Muncie Delaware	Caylor-Nichel Hosp., Inc. Bluffton Wells	Community Hospital - Indianapolis Marion	Deaconess Hospital - Evansville Vanderburgh	Elkhart General Hospital-Elkhart Elkhart	Goshen General Hospital Elkhart	Hancock County Memorial Hospital Greenfield Hancock	Indiana University Medical Center Indianapolis Marion	IVT College (Mallory Tech) Marion	Lutheran Hospital-Ft. Wayne Allen	Marion General Marion	Methodist Hospital - Gary Lake	Methodist Hospital - Indianapolis Marion	Northern Indiana School of Radiologic Tech. - Michigan City LaPorte	Parkview Hospital - Ft. Wayne Allen	Physicians Clinical Lab., Inc. Lafayette Tippecanoe	South Bend St. Joseph	St. Anthony - Michigan City LaPorte	St. Catherine's Hospital - East Chicago Lake	St. Elizabeth Medical Center Lafayette Tippecanoe	St. Frances Hospital Beech Grove Marion	St. John's Hospital - Anderson Madison	St. Joseph Hospital - Ft. Wayne Allen	St. Joseph Memorial Hospital Kokomo Howard	St. Margaret Hospital - Hammond Lake	St. Mary Mercy Hospital Lake	St. Mary's Hospital - Evansville Vanderburgh	St. Vincent's Hospital - Indianapolis Marion	Reid Memorial Hospital - Richmond Wayne	Terre Haute Vigo	Thorton Hammond Lab Marion	Tippewa Tech. Institution Cass	University of Evansville Vanderburgh	Valparaiso Porter	Vincennes Knox	Welborn Memorial Baptist Hospital Evansville Vanderburgh	Winona Hospital - Indianapolis Marion
Certified Lab. Assistant		C																																			
Medical Assistant																C															C						
Medical Lab. Tech. As																															A						
Medical Record Tech.																									A												
Medical Technology	B			B						B		B	B		B					B	B	B	B	B		B	B	B									
Radiological Technology	C		C		C		C			C			C	C	C				C		C		C	C				C	C				C			C	C
Respiratory Therapy													C						C																		

Indiana Health Occupations Education Training Programs In Area Vocational Schools and Secondary School Corporations

PROGRAM TITLE	Anderson Area Voc. School	Anderson High School	Angola High School	Ben Davis Sr. High School	Blue River Voc. Tech. Ctr.	Bosse High School *	Calumet Sr. High School	Central High School *	Central Nine Voc. School	Chrysler High School-New Castle Area Voc. School	Crawfordsville Sr. High School	Dukes Mem. Hosp. (Upper Wabash Career Ctr.)	East High School	Elkhart Career Center	El Tip Wa Voc. Center	Fountain Central Sr. High School	Frankfort High School	Fort Wayne Community School Corp.	Ft. Wayne Regional Voc. Ctr.
	Madison	Madison	Steuben	Marion	Shelby	Vanderburgh	Lake	Vanderburgh	Howard	Henry	Montgomery	Miami	Bartholomew	Elkhart	Cass	Fountain	Clinton	Allen	Allen
HIGH SCHOOL																			
Diversified - Junior		X	X			X	X	X	X				X	X	X				X
Diversified - Senior		X	X	X	X		X		X	X	X	X	X	X	X	X	X		X
Dental Assisting Aide																			
Dental Technology Aide																			
Respiratory Therapy Aide																			
Ward Clerk Aide																			
Medical Assisting														X					
Medical Secretary														X					
POST SECONDARY																			
Full-Time																			
Practical Nursing	C																	C	C
Operating Room Tech.																			
Geriatric Technician																			C
ADULT																			
Part-Time Student																			
Nurse Aide					C				C					C	C				
Medical Adm. for Charge Aides																			
Advanced Pharmacology-LPN																			C
Dental Technology																			
Medical Assisting																			C

PROGRAM TITLE	Garrett Sr. High School	Gary Area Voc. School	Hammond Tech. Voc. High School	Harrison High School	Haworth Sr. High School	Howe High School	Indianapolis Public Schools	Indianapolis School Prac. Nursing	J. E. Light Center	Kokomo Ctr. Cons. School Corp.	Lakeland High School	Lawrence Central High School	Lawrenceburg High School	Madison Mid-Central Area Voc. School	Marion Community School Corp.	Michigan City Area Schools	Muncie Area Career Center	North High School-Bartholomew	North High School-Vanderburg *
	LaGrange	Lake	Lake	Vanderburgh	Howard	Marion	Marion	Marion	Marion	Howard	La Grange	Marion	Dearborn	Madison	Marion	LaPorte	Delaware	Bartholomew	Vanderburgh
HIGH SCHOOL																			
Diversified - Junior		X		X	X												X	X	X
Diversified - Senior	X	X	X		X	X	X	X	X		X		X	X		X	X	X	
Dental Assisting Aide									X			X							
Dental Technology Aide									X										
Respiratory Therapy Aide												X							
Ward Clerk Aide			X																
Medical Assisting																			
Medical Secretary																			
POST SECONDARY																			
Full-Time																			
Practical Nursing							C		C	C					C				
Operating Room Tech.																			
Geriatric Technician																			
ADULT																			
Part-Time Student																			
Nurse Aide		C																	
Medical Adm. for Charge Aides																			
Advanced Pharmacology-LPN									C										
Dental Technology																			
Medical Assisting																			

PROGRAM TITLE	North Judson - San Pierre	North Lawrence Voc. Tech. Ctr.	Northwest High School	North White High School	Plainfield High School	Prosser Voc. School	Rogers High School (Michigan City Area School)	Salem Jr. High School	Salem Sr. High School	School of Health Occupations - Evansville	Seegar Memorial High School	South Central Area Voc. School	Southeastern In Voc. School	Tell City High School	Tucker Area Career Ctr.	Twin Lakes High School	Upper Wabash Career Center	Valparaiso High School (Porter Co. Career Ed.)	Warren Career Center (Marion)
	Starke	Lawrence	Marion	White	Hendrix	Floyd	LaPorte	Washington	Washington	Vanderburgh	Fountain	Washington	Ripley	Perry	Grant	White	Wabash	Porter	Marion
HIGH SCHOOL																			
Diversified - Junior		X					X			X			X					X	
Diversified - Senior	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Assisting Aide																		X	
Dental Technology Aide																			
Respiratory Therapy Aide																			
Ward Clerk Aide																			
Medical Assisting																			
Medical Secretary																			
POST SECONDARY																			
Full-Time																			
Practical Nursing						C				C									
Operating Room Tech.										C									
Geriatric Technician																			
ADULT																			
Part-Time Student																			
Nurse Aide													C						
Medical Adm. for Charge Aides													C						
Advanced Pharmacology-LPN										C									
Dental Technology																			
Medical Assisting																			

X=Exist[illegible] of program

*High Schools are part of Evansville School of Health Occupations

HEALTH OCCUPATIONS EDUCATIONAL PROGRAM ADDRESSES

The addresses of educational programs cited in the previous section have been organized according to the following break-out:

State Universities
Independent Universities and Colleges
Indiana Vocational Technical Colleges
Area Vocational and Comprehensive High Schools
Hospitals and Private Clinics

STATE UNIVERSITIES

Ball State University
2000 University Avenue
Muncie, IN 47306

Indiana State University
8600 University Boulevard
Evansville, IN 47712

Indiana State University
217 North Sixth Street
Terre Haute, IN 47809

Indiana University
Bloomington, IN 47401

Indiana University Northwest
3400 Broadway
Gary, IN 46408

Indiana University
2300 South Washington Street
Kokomo, IN 46901

Indiana University
4201 Grantline Road
New Albany, IN 47150

Indiana University East
2325 Chester Boulevard
Richmond, IN 47374

Indiana University
1825 Northside Boulevard
South Bend, IN 46615

IUPUI
355 North Lansing Street
Indianapolis, IN 46202

IUPUI
2101 Coliseum Boulevard East
Ft. Wayne, IN 46805

Purdue Calumet
171 State Street
Hammond, IN 46323

Purdue North Central
St. Highway 421
Westville, IN 46391

Purdue
West Lafayette, IN 47907

Vincennes University
1002 North First Street
Vincennes, IN 47591

INDEPENDENT UNIVERSITIES AND COLLEGES

Anderson College
East Fifth & College Drive
Anderson, IN 46001

Bethel College
1001 West McKinley
Mishawaka, IN 46544

Butler University
4600 Sunset Avenue
Indianapolis, IN 46208

DePauw University
Greencastle, IN 46135

Earlham
Richmond, IN 47374

Franklin College
Franklin, IN 46131

George Rogers Clark College
428 North Meridian Street
Indianapolis, IN 46204

Goshen College
1700 South Main Street
Goshen, IN 46526

Grace College
Winona Lake, IN 46590

Hanover
Hanover, IN 47243

Huntington
2303 College Avenue
Huntington, IN 46750

Indiana Central
1400 East Hanna Avenue
Indianapolis, IN 46227

Lockyear College
1200 Waterway Boulevard
Indianapolis, IN 46202

Manchester
604 College Avenue North
Manchester, IN 46962

Marian College
3200 Cold Springs Road
Indianapolis, IN 46222

Marion
4201 South Washington
Marion, IN 46952

Rose-Hulman Institute of Tech.
Terre Haute, IN 47803

St. Francis
2701 Spring Street
Ft. Wayne, IN 46808

St. Joseph College
U. S. Highway 231
Rensselaer, IN 47978

St. Marys
Notre Dame, IN 46556

St. Marys-of-the-Woods
St. Highway 150
St. Marys-of-the-Woods, IN 47876

St. Meinrad
St. Meinrad, IN 47577

Taylor University
St. Highway 221
Upland, IN 46989

University of Evansville
1800 Lincoln Avenue
Evansville, IN 47701

Valparaiso
U. S. Highway 30
Valparaiso, IN 46383

Wabash College
Crawfordsville, IN 47933

INDIANA VOCATIONAL TECHNICAL COLLEGES

Indiana Vocational Technical College-Columbus
646 Franklin
Columbus, IN 47201

Indiana Vocational Technical College-Evansville
3501 First Avenue
Evansville, IN 47710

Indiana Vocational Technical College-Ft. Wayne
1711 Maumee Avenue
Ft. Wayne, IN 46803

Indiana Vocational Technical College-Gary
1440 East 35th Avenue
Gary, IN 46409

Indiana Vocational Technical College-Indianapolis
1315 East Washington Street
Indianapolis, IN 46202

Indiana Vocational Technical College-Kokomo
1815 East Morgan Street
Kokomo, IN 46901

Indiana Vocational Technical College-Lafayette
616 Wabash Avenue
Lafayette, IN 47902

Indiana Vocational Technical College-Madison
First & Broadway
Madison, IN 47250

Indiana Vocational Technical College-Muncie
1300 South Liberty
Muncie, IN 47302

Indiana Vocational Technical College-Richmond
710 Northwest 5th Street
Richmond, IN 46374

Indiana Vocational Technical College-Sellersburg
8204 Highway 31 West
Sellersburg, IN 47172

Indiana Vocational Technical College-South Bend
1534 West Sample Street
South Bend, IN 46619

Indiana Vocational Technical College-Terre Haute
R. R. 28, Box 450
Terre Haute, IN 47802

2

AREA VOCATIONAL SCHOOLS AND COMPREHENSIVE HIGH SCHOOL PROGRAMS

Anderson Area Voc. School
325 W. 38th Street
Anderson, IN 46016

Anderson High School (Madison Hts.)
4610 Madison Avenue
Anderson, IN 46013

Angola High School
317 S. Wayne Street
Angola, IN 46703

Ben Davis High School
1200 N. Girls School Road
Indianapolis, IN 46224

Blue River Voc. Tech. Center
789 St. Joseph Street
Shelbyville, IN 46176

Calumet Senior High School
3900 Calhoun Street
Gary, IN 46408

Central High School
5400 N. First Street
Evansville, IN 47710

Chrysler High School
(New Castle Area Voc. School)
801 Parkview Drive
New Castle, IN 47362

Crawfordsville High School
201 E. Jefferson
Crawfordsville, IN 47933

Dukes Memorial Hospital
(Upper Wabash Career Ctr.)
Peru, IN 46970

East High School (Columbus)
230 S. Marr Road
Columbus, IN 47201

Elkhart Career Center
2424 California Road
Elkhart, IN 46514

El-Tip-Wa Area Voc. School
721 N. 6th Street
Logansport, IN 46947

Fountain Central Senior High School
Box 67
Veedersburg, IN 47987

Frankfort High School
One Maish Road
Frankfort, IN 46041

Ft. Wayne Regional Voc. Ctr.
1200 S. Barr Street
Ft. Wayne, IN 46802

Garrett Senior High School
801 E. Houston Street
Garrett, IN 46738

Gary Area Voc. School
1800 E. 35th Street
Gary, IN 46409

Hammond Tech. Voc. High School
5727 Sohl Avenue
Hammond, IN 46320

Harrison High School
211 Fielding Road
Evansville, IN 47712

Haworth Senior High School
2501 S. Berkley
Kokomo, IN 46901

Howe High School
4900 Julian Avenue
Indianapolis, IN 46201

Indianapolis Public Schools
120 E. Walnut Street
Indianapolis, IN 46204

School of Practical Nursing
26 N. Arsenal
Indianapolis, IN 46201

J. E. Light Center
1901 E. 86th Street
Indianapolis, IN 46240

Kokomo Ctr. Cons. School Corp.
100 W. Lincoln Road
Kokomo, IN 46901

Lakeland High School
Maple & Nursery Street
Lagrange, IN 46761

Lawrence Central High School
7300 E. 56th Street
Indianapolis, IN 46226

Lawrenceburg High School
U. S. Road 50
Lawrenceburg, IN 47025

Madison Mid-Central Area Voc. School
R. R. 4
Elwood, IN 46036

Michigan City Area Schools
609 Lafayette Street
Michigan City, IN 46360

Muncie Area Career Center
2500 N. Elgin Street
Muncie, IN 47303

North High School-Bartholomew (Columbus)
1400 25th Street
Columbus, IN 47201

North High School-Vanderburg
2319 Stringtown Road
Evansville, IN 47711

North Judson
900 Campbell Drive
North Judson, IN 46366

North Lawrence Voc. Tech. Ctr.
Highway 58 E. Boyd Lane
Bedford, IN 47421

Northwest High School
5525 W. 34th Street
Indianapolis, IN 46224

North White High School
R. R. 1
Monon, IN 47959

Plainfield High School
709 Stafford Road
Plainfield, IN 46168

Prosser Vocational School
4202 Charlestown Road
New Albany, IN 47150

Rogers High School (Mich. City Area School)
8466 W. Pahs Road
Michigan City, IN 46360

Salem Junior High School
300 N. Water Street
Salem, IN 47167

Salem Senior High School
N. Harrison Street
Salem, IN 47167

Seegar Memorial High School
R. R. 1
West Lebanon, IN 47150

South Central Area Vocational School
R. R. 2
Campbellsburg, IN 47108

Southeastern IN Voc. School
Box 156
Versailles, IN 47042

Tell City High School
12th Street
Tell City, IN 47586

Tucker Area Career Center
750 W. 26th Street
Marion, IN 46982

AREA VOCATIONAL SCHOOLS AND COMPREHENSIVE HIGH SCHOOL PROGRAMS

Twin Lakes High School
300 S. 3rd Street
Monticello, IN 47960

Upper Wabash Career Center
Box 606
Wabash, IN 46992

Valparaiso High School
(Porter Co. Career Ed.)
2727 N. Campbell Street
Valparaiso, IN 46383

Warren Career Center
9500 E. 16th Street
Indianapolis, IN 46229

Wood High School
501 Meridian Street
Indianapolis, IN 46225

HOSPITALS AND PRIVATE CLINICS

Ball Memorial Hospital
2401 University Avenue
Muncie, IN 47303

Bryman Professional Careers Institute
5310 E. 38th Street
Indianapolis, IN 46218

Caylor Nickel Hospital
309 South Main Street
Bluffton, IN 46714

Community Hospital
1500 N. Ritter Avenue
Indianapolis, IN 46219

Deaconess Hospital
600 Mary Street
Evansville, IN 47747

Elkhart General Hospital
600 East Boulevard Box 1329
Elkhart, IN 46514

Elkhart Institute of Technology
516 South Main Street
Elkhart, IN 46514

George Ade Memorial Hospital
Indiana Highway 16
Brook, IN 47922

Good Samaritan Hospital
520 South Seventh Street
Vincennes, IN 47591

Goshen General Hospital
200 High Park Avenue
Goshen, IN 46526

Hancock County Memorial Hosp.
801 N. State
Greenfield, IN 46140

Healthwin Hospital
20531 Darden Road
South Bend, IN 46637

Holy Cross Hospital
South Bend, IN 46622

Indiana University Medical Center
1100 W. Michigan Street
Indianapolis, IN 46202

Jasper County Hospital
E. Grace Street
Rensselaer, IN 47978

LaPorte Hospital
1007 Lincolnway Box 250
LaPorte, IN 46350

Lockyear College of Business
209 NW 5th Street
Evansville, IN 46807

Lutheran Hospital
3027 S. Fairfield
Ft. Wayne, IN 46807

Marion General Hospital
960 Locke Street
Indianapolis, IN 46202

Memorial Hospital
615 N. Michigan
South Bend, IN 46601

Methodist Hospital
600 Grant Street
Gary, IN 46402

Methodist Hospital
1604 N. Capitol Avenue
Indianapolis, IN 46204

Muncie School of Practial Nursing
2300 West Gilbert
Muncie, IN 47303

Murphy Medical Center
Buffalo at Winona Avenue, Box 89
Warsaw, IN 46580

Norman Beatty Memorial Hospital
Box 473
Westville, IN 46391

Northern Indiana School of Radiologic
1511 Wabash Street
Michigan City, IN 46360

Northern Ind. St. Hosp. & Dev.
Disabilities Center
1234 N. Dame Avenue
South Bend, IN 46622

Our Lady of Mercy Hospital
Lincoln Highway
Dyer, IN 46311

Parkview Hospital
2200 Randallia
Ft. Wayne, IN 46805

Physicians Clinical Lab
2500 Ferry
Lafayette, IN 47904

Porter Memorial Hospital
814 LaPorte Avenue
Alparaiso, IN 46383

Pulaski County Memorial Hospital
616 E. 13th Street
Winamac, IN 46996

Reid Memorial Hospital
1401 Chester Boulevard
Richmond, IN 47374

Rush Memorial Hospital
1300 N. Main Street
Rushville, IN 46173

Sawyer College of Business
6040 Hohman Avenue
Hammond, IN 46320

South Bend Osteophathic Hospital
2515 E. Jefferson Boulevard
South Bend, IN 46615

Starke Memorial Hospital
102 E. Culver Road
Knox, IN 46534

St. Anthony
301 W. Homer Street
Michigan City, IN 46360

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

St. Elizabeth Medical Center
1501 Hartford Street
Lafayette, IN 47904

St. Frances Hospital
1600 Albany Street
Beech Grove, IN 46107

St. Johns Hospital
2015 Jackson
Anderson, IN 46014

St. Joseph
700 Broadway
Ft. Wayne, IN 46802

St. Joseph
811 East Madison Street
South Bend, IN 46622

St. Joseph Memorial Hosp.
1907 W. Sycamore Street
Kokomo, IN 46901

St. Joseph
215 W. Fourth Street
Mishawaka, IN 46544

St. Margaret
25 Douglas Street
Hammond, IN 46320

HOSPITALS AND PRIVATE CLINICS

St. Mary Mercy (St. Mary Med. Ctr.)
1500 S. Lake Park Avenue
Hobard, IN 46342

St. Mary
3700 Washington Avenue
Evansville, IN 47750

St. Vincents
2001 W. 86th Street
Indianapolis, IN 46260

Terre Haute Union Hospital
1606 N. Seventh Street
Terre Haute, IN 47804

Thornton-Haymond-Costin-Buell
School for Med. Lab Assistant
301 East 38th Street
Indianapolis, IN 46202

Thornton-Haymond-Costin-Buell
School for Med. Lab Assistant
801 N. State
Greenfield, IN 46140

Walters Hospital
3714 South Franklin Street
Michigan City, IN 46360

Welborn Memorial Baptist Hospital
401 SE Sixth Street
Evansville, IN 47713

Winona Hospital
1001 West 10th Street
Indianapolis, IN 46202

PROFILE GUIDANCE SECTION

The guidance section has been developed to provide general information concerning specific health occupations job titles. The Performance-Based Student Training Component of this research project identified and validated an Indiana Health Occupations Job Cluster. The job titles recognized in the cluster have been alphabetized for convenience.

The current Dictionary of Occupational Titles (DOT) and Occupational Outlook Handbook have been used to classify each job title. A job description, educational requirements, and licensure and/or certification requirements in addition to the national organization(s) associated with job title have been listed. If a national scholarship program has been identified for a given job title, it will be cited.

One division of the guidance section has been designated as a personality test. After a review of published research related to career selection and personal assessment, the written test, The Self-Directed Search, by John L. Holland, Ph.D., was selected to serve as the guidance tool in predicting interest and success in a given job title. Holland's test groups occupational job titles into six preferred personality types:

R - realistic (skilled trades, technical, and service occupations)
I - investigative (scientific and technical occupations)
A - artistic (artistic, musical, and literary occupations)
S - social (educational and social welfare occupations)
E - enterprising (managerial and sales occupations)
C - conventional (office and clinical occupations)

The personality test division lists a summary of a given job title's three most striking resemblances to Holland's six personality types (ex: ambulance attendant SRI). Based on research, John Holland has identified the three personality types which form a personality profile for various job titles.

Holland's The Self-Directed Search provides extensive information in relation to counseling experiences, self-grading, and scientifically-based choice, and furthermore identifies safeguards against errors and destructive outcomes.

Profile Guidance Section Con't.

To obtain complete information on The Self-Directed Search by John L. Holland, write:

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, CA 94306

Dr. Cerald Dudley and associates have developed a visual test called the Visual Imagery Selector for Indexing Occupational Needs (V.I.S.I.O.N.). The V.I.S.I.O.N. test scores can detect Holland's six areas of vocational interest outcomes. During 1977-78, the V.I.S.I.O.N. test will be revised and shortened. For additional information concerning the availability of the V.I.S.I.O.N. test, contact:

Dr. Gerald O. Dudley, Ph.D.
Indiana Career Resource Center
1209 S. Greenlawn Avenue
South Bend, IN 46615

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HEALTH OCCUPATIONS CLUSTER

JOB TITLES

PATIENT CARE SERVICES

Nursing Service

Registered Nurse
L.P.N./L.V.N.
Nurse Aide/Attendant*
Geriatric Technician*
Orderly*
Corpsman/Clinical Corpsman
Burn Unit Technician
Pediatric Technician&
Homemaker/Home Health Aide*
Emergency Medical Technician*
Cardio-Pulmonary/Cardio-Vascular-Technician
Obstetrical Technician*
Ambulance Attendant

Mental Health

Mental Health Technician
Mental Health Assistant*
Mental Retardation Technician
Mental Retardation Aide/Asst.
Psychiatric Technician
Psychiatric Aide/Asst.
Certified Occupational Therapy Asst.
Occupational Therapy Aide
Recreational Therapy Technician
Recreational Therapy Aide/Asst.
Music Therapist Aide
Drama Therapist Aide

Diagnostic

Certified Laboratory Asst.
Medical Laboratory Technician
Laboratory Aide
Cytotechnologist
Histologic Technician
Diener
Electro-encephlegraphic Technician
Radiological Technologist
Registered Radiation Therapy Tech.
Radiologic Department Aide
Darkroom Aide/Assistant
Nuclear Medical Technologist

Physical Rehabilitation

Physical Therapy Assistant
Physical Therapy Aide/Orderly
Ortho/Prosthetic Technician
Ortho/Prosthetic Assistant
Pediatric Assistant
Certified Respiratory Therapy Aide
Respiratory Therapy Aide
Pulmonary Function Technician
Ophthalmic Lab Technician
Optometric Technician
Optometric Assistant

Dietary

Dietetic Aide
Dietary Technician

Ancillary

Urologic Physician's Assistant
Operating Room Technician
Surgical Aide/Assistant
Central Service Aide/Assistant
Orthodpedic Physician's Assistant
Circulation/Extra Corporeal Technician
Hemodialysis Technician
Orthopedic Cast Specialist
Pharmacy Aide/Technician
Housekeeping Worker

DENTAL CARE SERVICES

Direct Patient Contact

Dental Assistant
Oral Surgery Dental Assistant
Orthodontic Assistant
Pedadontic Dental Assistant
Endodontic Dental Assistant
Expanded Duties Dental Assistant

Indirect Patient Contact

Dental Receptionist
Dental Laboratory Technician

MEDICAL AND CLERICAL SERVICES

Medical Records Services

Medical Transcriber
Medical Stenographer
Medical Dental Secretary
Medical Librarian Assistant
Medical Records Clerk
Medical Records Technician
Insurance Clerk

Clinical

Ward Unit Clerk
Ward Secretary
Medical Assistant

ANIMAL CARE SERVICES

Nursing Service

Veterinary Assistant
Groomer

Diagnostic

Veterinary Lab Assistant
Veterinary X-Ray Assistant
Cage-Care Assistant

Auxiliary

Receptionist
Record-keeper

OTHER

CLUSTER
INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Ambulance Attendant	The Ambulance attendant accompanies and assists the ambulance driver in lifting patients into and out of the ambulance, wheelchair, or stretcher and renders first aid in emergencies. (DOT) 355.878-010 (OE) 07.0907	SRI	Grammar school education with courses in first aide is required.	On-the-job training in methods & procedures is required.	May be required to have a Red Cross first aide training certificate.	None	
Animal Caretaker	Prepares the animals' food, feeds and waters the animals—records amount. Cares for the cages. May draw blood samples and various other duties. (DOT) 356.874.014	SRI	High school graduate with courses in chemistry and biology preferred.	One to three months on-the-job training.	Certific[illegible]n	American Association for Laboratory Animal Science	
Cardio-Pulmonary Cardio-Vascular Technician	Operates a number of devices inclusive of kidney equipment. Conducts tests of the heart and blood vessels, lungs and kidneys needed to diagnose heart, vascular and lung diseases. May also assist in operating room. (DOT) 078.–T	SRI	Graduation from an accepted school of nursing and current licensure by the State Board of Nursing. Usually one year of experience is required.	One year of on-the job training.	Current licensure as RN by State Board of Nursing.	American Nurses' Association National League for Nursing	
Central Service Technician	Cleans, sterilizes, and assembles equipment, supplies, and instruments according to prescribed procedures and techniques. Performing all or any combination of tasks necessary in the department. (DOT) 223.887-010 (OE) 07.0905	REI	High school graduate preferred. Some employers prefer training as an LPN.	Up to six months on-the-job training.	None	None	
Certified Laboratory Assistant	CLA's are the foot soldiers in the clinical laboratory's battle against disease. They are people who perform the routine chores; their work is extremely valuable in the total operation of the laboratory. (DOT) 078.381-000 (OE) 07.0203	ISR	High school graduate.	Twelve months training program in a certified laboratory-assistant program approved by the AMA.	Eligible to certification.	Board of Certified Laboratory Assistants	
Certified Occupational Therapy Assistant	Work under the supervision of professional occupational therapists to help rehabilitate patients who are physically and/or mentally disabled. (DOT) 079.368-026 (OE) 07.0401	SRI	High school graduate.	One year vocational and technical programs. Two year college programs leading to Associates	Experienced COTA's may take the examination to become registered (OTR) after fulfilling certain requirements without completing the remaining two years of study for a B.S.	American Occupational Therapy Association	Mary K. Minglin Scholarship Fund

CLUSTER
INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Certified Respiratory Therapy Tech.	Respiratory therapy is employed in the diagnosis, treatment, management, control and preventive care of patients with heart and lung problems. (DOT) 079.368-018* Responsible for bulk of patient care and is capable of carrying out most of all of the techniques (OE) 07.0903	SIR	High school graduate.	Two year clinical experience.	Certification	American Association of Inhalation Therapists American Registry of Inhalation Therapists American Association for Respiratory Therapy	
Corpsman/Clincial Corpsman/Clinical Specialist	Same as LPN. (DOT) 079.378	SAI	High school graduate.	Fifty week course at San Houston, Texas Army Base.	Eligible to sit for LPN State Board if from an accredited program	None	
Cytotechnologist	Cytotechnologists search through high-powered microscopes to trace clues to disease, using cells of the body. (DOT) 078.281-014 (OE) 07.0201	ISR	High school graduate.	Two years of college including twelve semester hours in science (8 must be in biological sciences). Plus completion of twelve months in a school of an approved School of Cytology.	Licensure available ASCP.	American Society of Medical Technologists	Harleco Division of American Hospital Supply Corporation
Dark Room Technician Aide/Assistant	Perform tasks necessary to develop and print film. (DOT) 976.381 (OE) 17.0901	AIR	High school graduate with courses in chemistry and math is helpful.	Informal on-the-job training. Two year Associate degree.	None	Photo Marketing Association Professional Photographer of America, Inc.	
Dental Assistant	Assists the dentist at the chair-side and is usually the office manager. May assist in the dental lab. (DOT) 079.378-010 (OE)07.0101	SAI	High school graduate with courses in Business, Biology, and Chemistry.	One year vocational Two year junior college. On-the-job training. Technical Certificate—Diploma.	(Eligible for certification)	American Dental Assistants Association	American Dental Assistants Association
Dental Hygienist	Clean and polish teeth. Only member of the dental team besides the dentist who is permitted to give primary care to patients. Also instructs patients in the fundamentals of oral hygiene. (DOT) 078.368	SAI	High school graduate and one year college.	One plus two years. Associates Degree Technical Certificate	Licensure given by State Board of Dental Examiners on National Board of Dental Examiners.	American Dental Hygienist Association	
Dental Laboratory Technician	Makes and repairs such dental restorations as dentures, crowns, bridges and inlays. (DOT) 712.381-014 (OE) 07.0103	RIA	High school graduate.	One-two year classroom training plus three-four years experience. Associates Degree—Diploma	Eligible for certification after fulfilling educational requirements.	National Association of Certified Dental Laboratories, Inc. American Dental Assoc.	The American Fund for Dental Health

CLUSTER
INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Dental Receptionist	Varied duties such as, scheduling appointments, receiving patients, recording case histories. Clerical duties are also involved. (DOT) 237.368 (OE) 07.0199	CSE	High school graduate.	On-the-job training. Diploma.	None	None	
Dietary Technician	Assists the dietitian and funtions as the middle management person in the Food Service Department.		High school graduate.	Vocational programs variable in length. Associates Degree	None	Same	
Dietetic Aide	Duties include supervision of employees andof food service areas. (OE) 07.	SIE	High school student of adult.	High school courses offered.	None	American Dietetic Association	
Electro-cardiograph Technician	EKG technician records electromotive variations in action of the heart muscle on an electrocardiograph, for diagnosis of heart ailments. (DOT) 078.368-018 (OE) 07.0902	ISR	High school graduate including courses in the physical sciences required.	Three-six months on-the-job training under supervision of experienced EKG technician or cardiologist.	None required.	None	
Electro-encephlegraphic Technician	TheEEG technician measures, by means of an EEG machine, so called "brain waves" of patients, by detecting impulse frequencies and differences in electrical potential between various areas of the brain, to obtain data for use in diagnosis of brain disorders. (DOT) 078.368-022 (OE)07.0901	ISR	High school graduate with courses in the physical sciences. Some college work in neuroanatomy is desirable.	Three months formal training in an EEG Dept. is considered adequate. An informal apprenticeship of 3-6 months, depending on background, is the usual way to learn this technique.	None required.	None	
Emergency Medical Technician	Respond to medical emergency calls, evaluate situation, act accordingly, serve as technical assistant to emergency room staff of general hospitals. (DOT) 355.878.026 (OE) 07.0907	SRI	High school graduate.	Nine month vocational program. Associates Degree.	Certification required 1-1-78.	National Registry for Emergency Medical Technicians.	
Geriatric Technician	Same as nurse aide with special training in older people.	SRI	High school graduate.	On-the-job training Certificate Program	None	None	

CLUSTER
INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Hemodialysis Technician/ Circulation-Extra Corporeal Technician	Assembles the artificial kidney machine and maintains the patient during the procedure. (DOT) 078.–T	ISR	Graduate of an accredited school of nursing and licensed by the State Board of Nurses.	One to three months of on-the-job training given by the physician.	Licensed by State.	American Nurse's Association National League for Nursing	
Histologic Technician	Histologic technician does the day to day routine work of preparing tissue specimens for examination by the pathologist, the histopathologist, the histologic technologist, or herself. (DOT) 078.381-018 (OE) 07.0202	ISR	High school graduate with courses in biology, chemistry and mathematics.	One year of supervised training in a clinical laboratory in histologic techniques.	Certification required.	Registry of Histologic Technicians	National Licensed Practical Nurses Educational Foundation, Inc
Homemaker/ Home Health Aide	Generally employed by health or social service agencies to provide supervised health care for homebound or disabled individuals and their families. (DOT) 354.878-014 (OE) 07.0907	SRI		Receive on-the-job training.	None	National Council for Homemaker-Home Health Aide Services	
Housekeeping Worker	Responsible as name implies for the housekeeping duties in a health care facility. (DOT) 321.138	SRE	High school graduate preferred.	On-the-job training.	None	None	
Insurance Clerk	Works in the business office. Confirms insurance benefits of each patient with employer. Handles commercial and medicare insurance claims, outpatient claims for x-ray and emergency room service, and deliquent payment problems.	CSA	High school graduate with business courses.	On-the-job training. Business courses offered by business schools, technical institutes and colleges facilitate training and advancement.	Certificate indicating course completion.	None	
Laboratory Aide–Diener	Cleans laboratory equipment and assists the medical technologist by performing routine duties in the clinical laboratory. (DOT) 381.887-018	RSC	High school graduation required, preferably including chemistry and bacteriology.	Requires approximately two months training in a clinical laboratory to be capable of normal productivity.	None required.	None	
LPN/LVN	The LPN/LVN performs a wide variety of patient care activities and accommodative services for patients to which she has been assigned. She works under the direct supervision of the head nurse and/or the team leader. (DOT) 079.378-026 (OE) 07.0302	SAI	High school graduate or equivalent.	One year. Diploma–Technical Certificate	Must pass State Board of Nursing licensing examination.	National Federation of Licensed Practical Nurses National Association for Practical Nurse Education and Service National League for Nursing	Lab-Line Biomedical Products, Division of Lab-Line Instruments, Inc.

CLUSTER
INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Medical Assistant	Manages the physician's office, assists him in giving some exams and in emergency situations. (DOT) 079.368-022 (OE) 07.0954	SIR	High school graduate with courses in basic secretarial work, English, typing, math and health science.	Two year Associate Degree. Some one year or shorter courses.	Eligible for certification. Certifying Board of American Association of Medical Assistants	American Association of Medical Assistants	Maxine Williams Scholarship Fund—American Association of Medical Assistants, Inc.
Medical Laboratory Technician	MLA performs various chemical microscopic, and bacteriologic tests to obtain data for use by physicians in diagnosis and treatment of disease. (DOT) 078.281-026 (OE) 07.02	ISR	High school graduate	Two year Associate degree plus clinical experience in an approved lab.	Licensure available ASCP.	American Medical Technologists American Society of Clinical Pathologists	Ames Company The Clay Adams Division, Becton, Dickinson & Co. American Medical Tech The General Diagnostic Div. of Warner Lambert Co. Fisher Scientific Co. The Scientific Products Foundation The J. T. Boke Chemical Co. American Society of Medical Tech. Ed. & Research Fund, Inc.
Medical Record Clerk	Assembles medical records after discharge—checks for completeness and compiles data for reports. Assists with coding and helps complete forms for insurance billing. (DOT) 249.388-034	CSA	High school graduate.	Commercial course including typing, filing, office methods, and business English required. Three to six months on-job-training. Related office experience may be substituted for one to two months on-job-training.	None	None	
Medical Record Librarian	Responsible for the acquisition, analysis storage and retrievel of the complete, permanent, written case histories of every patient treated in the hospital and its clinics. (DOT) 100.388-018	SAI	High school graduate.	Four year leading to B.S. in Medical Record Library Science or two year course in approved college of liberal arts and sciences plus a one year approved hospital course in Medical Record Library Science.	Registration	American Association of Medical Record Librarians Foundation of Record Education	American Medical Records Association

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INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Medical Record Technician	Makes all necessary information available permanently, can retreive any part of it, or combination of it instantly. (DOT) 249.388-033	CSA	High school graduate.	Nine month course for Medical Records Technician or appropriate correspondence course. 1-2 year college & hospital training.	Eligible for the designation accredited record technician.	American Association of Medical Record Librarians Foundation of Record Education	American Medical Records Association Foundation of Record of A.M.R.A.
Medical Secretary	Prepare case histories and medical reports. (DOT) 201.368	CSE	High school graduate.	Same as medical stenographer.	With knowledge & experience can qualify for certification.	Same	
Medical Stenographer	Take dictation and then transcribe their notes on a typewriter. (DOT) 202.388	CIE	High school graduate.	Few months or longer depending on specialization.	None	National Secretaries Association	
Medical Transcriber (Transcriptionist)	Transcribes medical reports on diagnostic workups, therapeutic procedures, and clinical records for inclusion in medical records and for transmission to physicians or other medical care facilities. (DOT) 208.588-026	CRI	High school graduate with business courses.	Associate Degree	Coorespondence course leads to a certificate of completion.	None	
Mental Health Assistant/Psychiatric Technician	Perform a variety of duties to care for patients in mental institutions. (DOT) 079.378-026	SIR	High school graduate perferred.	On-the-job training, variable in length.	None required.	National Association for Mental Health	
Mental Health Technician	Assist mental health professionals in work with emotionally disturbed and mentally retarded Examples include: case aide, ward group leader, teaching assistant, recreation therapy aides, foster home parents, testing technicians, work therapy aides, and research technicians. (OE) 07.0899	SAI	High school graduate or equivalent.	Two year academic program. Associate Degree in Applied Science.	None required.	National Association for Mental Health	
Mental Retardation Aide/Assistant	Attend to the physical needs and well-being or mentally retarded patients and to aid in teaching and recreation processes under the supervision of professional staff. (OE) 07.0802	SRI	High school graduate or equivalent.	On-the-job training.	None	National Association for Mental Health	

CLUSTE
INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Music Therapist Aide	Assists music therapist of applying the act of music to meet therapeutic aims.		High school graduate.	On-job-training.	None	None	
Nuclear Medical Technologist/Registered Radiation Therapy Technologist	Performs tests using radioactive materials which help physicians diagnose and treat disease. Operates sophisticated nuclear radiation detection instruments. (DOT) 078.381-014 (OE) 07.0503	ISR	High school graduate.	Two year Associate Degree in medical radioisotope technology. One year program available to graduate x-ray technologists. Three year program in hospitals.	Certification	American Society for Medical Technology American Society of Clinical Pathologists American Society of Radiologic Tech. Society of Nuclear Medicine	
Nurse Aide/ Attendant	The nurse aide/attendant performs various patient care activities and related non-professional services necessary to satisfy the personal needs and minister to the comfort of patients. (DOT) 355.878-034 (OE) 07.0303	SRI	High school graduate perferred.	Health care facility conducted on-the-job training programs—variable as to number of weeks required.	None required.	None	
Obstetrical Technician	Assist in care of mothers in labor and delivery rooms; before, during and after delivery. (DOT) 079.378-026 (OE) 07.0306	SIR	High school graduate.				The American College of Obstetricians and Gynecologists
Occupational Therapy Aide	Works under the supervision of professional therapists and the COTA to help rehabilitate patients who are physically or mentally disabled.	SIR	High school graduate.	On-the-job training.	License required to practice in Puerto, but not in the U.S. No examiniation at present; eligible to apply for certification upon recommendation of educational program director.	American Occupational Therapy Association	American Occupation Therapy Association Kappa Delta Phi Scholarship Fund
Operating Room Technician	Assist surgeons and anesthesiologists before, during and after surgery. (DOT) 079.378-042 (OE) 07.0305	SIR	High school graduate.	On-the-job training varying from six weeks to one year. Nine months to one year vocational programs. Two year Associate's Degree.	Eligible for certification.	Association of Operating Room Technicians	

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INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Ophthalmic Lab Technician	Make eyeglasses prescribed by ophthalmologists and optometrists. Two type: surfacer (lens grinder) and bench technician (finisher). (DOT) 711.381 and 713.884 (OE) 07.0601	RIC and RIS	High school graduate with courses in basic sciences.	Three-four year formal apprenticeship programs. Nine months vocational programs. On-the-job training programs.	Some states require a license to work in retail optical shops.	International Union of Electrical, Radio & Machine Workers Optical Wholesalers Association Opticians Association of America	
Optometric Assistant	Perform a wide variety of tasks allowing optometrists to devote more time to professional duties: clerical duties, preparing patient for exam, assists with tests, help fit contact lenses and do patient teaching. (OE) 07.0603	SRI	High school graduate with courses in mathematics and office procedures.	On-the-job training programs—varying in length. One year academic courses. Two year Associate Degree.	None	American Optometric Association	
Optometric Technician	Assists optometrist in selected aspects of the visual examination in opthalmic lens analysis and dispensing and in the conducting of office procedure. (OE) 07.0601	SAI	High school graduate.	Two year study—including a total of 36 hours in technical courses.	None	American Optometric Association Same as Ophthalmic Lab Technician	American Optometr Association
Orderly	Orderlies assist nursing personnel by performing a variety of duties for patients (usually for male patients) and certain heavy duties in the care of patients, including persons who are mentally ill or mentally retarded. (DOT) 355.878-038 (OE) 07.0303	SRI	High school graduate is preferred.	Health care facility conducted on-the-job training programs—variable as to number of weeks required.	None required.	None	
Orthopedic Cast Specialist	Make and fit casts for body deformities following a doctors orders. (DOT) 712.884-046 (OE) 07.0404	RIA	High school graduate.	On-the-job training.	None		
Ortho/Prosthetic Assistant	Helps design and fit braces and artificial limbs under supervision. (OE) 07.0404	RIA	High school graduate.	Three year clinical experience.	Certification	American Orthotic and Prosthetic Association	
Ortho/Prosthetic Technician	Helps construct braces and artificial limbs (prostheses) under professional supervision. (OE) 07.0404	RIA	Tenth grade education.	Two year clinical experience.	Certification	American Orthotic and Prosthetic Association	

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Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Pediatric Technician	Same as nurse aide or LPN who specializes in children.						American Academy of Pediatrics
Pharmacy Aide/ Technician	Assist and work under supervised Registered Pharmacist, paper work, prescriptions and inventories.	SRI	High school graduate.	On-the-job training. Associates Degree	None	None	The Tippecanoe Co. Pharmaceutical Association U.S. Public Health Service Southwestern Ind. Pharmacy Auxiliary The Lake Co. Pharm. Assoc. The William E. Oppernon Pharm. Scholarship The Amer. Found. for Pharm. Ed.
Physical Therapy Aide/ Orderly	Same as Physical Therapy Assistant	SRI	High school graduate.	On-the-job training.	None	None	
Physical Therapy Assistant	Work under the direction of professional physical therapists to rehabilitate disabled persons so that they may again lead useful and productive lives. (DOT) 355.878-014 (OE) 07.0402	SRI	High school graduate.	On-job-training varying in length Two year Associates Degree.	Licensure for two year graduate.	The American Physical Therapy Association	
Psychiatric Aide/Assistant Mental Health Aide/Attendant	Performs a variety of patient care activities relative to psychiatric patients. (DOT) 355.878-042 (OE) 07.0304	SRI	High school graduate preferred.	On-job-training–variable in length.	None	None	
Pulmonary Funtion Technician	The Pulmonary Function Tech. operates a variety of electro-mechanical equipment. Such as respirometer radiometer, and IPPB Machines to obtain data about patients respiratory efficiency. This information is of value to physician in diagnosing and determining type of pulmonary disorders. (DOT) 078.–T (OE) 07.0903	ISR	High school graduate.	Two years of college level courses with a major in science is required. B.S. is highly preferred. Prior experience not required, but six months on-job-training is required.	None required.	None	

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INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Radiological Technologist	The radiologic technologist takes x-rays working under the direction of a physician who has specialized in radiology, which play a major role in the diagnostic and therapeutic fields of medicine. (DOT) 078.368-030 (OE) 07.0501	ISR	High school graduate.	24 months course. Also, 3-4 year courses.	Certification required.	American Society of Radiologic Technologists American Registry of Radiologic Technologists	
Receptionist	See Dental Receptionist (DOT) 235.862, 237.368	CSE					
Record Keeper	Record data systematically for easy location. (DOT) 206.588	CRS	High school graduate.	On-job-training.	None	None	
Recreational Therapy Aide/Assistant	Assists recreational therapist in planning and implementing recreational TX for the handicapped.	SIR	High school graduate.	On-job-training.	None	None	
Registered Nurse	The RN plans, gives, and supervises bedside nursing care; teaches nursing personnel and assists in teaching patients and their families; assists at operations. The RN who meets the specific educational requirements may plan for community health services; administers various programs inside and outside a hospital or institutional setting. (DOT) 075.378-014 (OE) 07.0301	SIA	High school graduate or equivalent.	Associate Degree: Two year. Diploma: Three years Baccalaureate: Four years.	Current licensure by State Board of Nursing required.	American Nurses' Assoc. National League for Nursing	
Respiratory Technician	Same as Respiratory Therapy Aide	SIR	High school graduate.	Associates Degree	Certificate		
Respiratory Therapy Aide	Works under the direction of the therapist or technician, and is most concerned with cleaning, disinfecting, sterilizing and maintenance of equipment. He may perform only limited patient care but may have responsibility for the bulk of clerical duties. (DOT) 079.368-018 (OE) 07.0903	SIR	High school graduate.	On-job-training in basic clinical skills—variable in length. Associates Degree	None required.	American Assoc. of Inhalation Therapists American Registry of Inhalation Therapists American Association for Respiratory Therapy	American Lung Association

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INDIANA HEALTH OCCUPATION EDUCATION

Job Title	Job Description D.O.T. No. & O.E. No. (If Applicable)	Personality Tests	Educational Requirements		Licensure and/or Certification	National Organizations	Scholarships
			Pre-requisite	Length			
Surgical Aide/ Assistant	Work as a member of the surgical team under the direction of a doctor and/or nurse. Assist in the care of patients in the operating room, delivery room, or emergency room, and perform tasks associated with maintaining aseptic conditions essential for patient care. (DOT) 355.878-034 (OE) 07.0303	SRI	High school graduate.	Three-six months on-job-training One year vocational program.	Certification with one year program.	Same as operating room technician.	
Veterinary Assistant/ Aide	Cares for animals under the direction of a veterinarian. Transports, sterilizes equipment, administers anesthetic, medications and prescribes nursing care all under supervision. (DOT) 356.874						
Ward Unit Clerk/Ward Secretary	Performs clerical duties by preparing, compiling, and maintaining records in a hospital nursing unit. (DOT) 219.388-286	CIS	High school graduate with courses in English, typing, spelling, and math.	On-job-training.	None	None	

HEALTH ORGANIZATIONS' ADDRESSES

This section has been established to provide a list of addresses for various health organizations. These organizations are not only a source of information on health careers, but also will provide information concerning scholarships available.

LISTS OF ORGANIZATIONS

Alliance For Engineering in
Medicine and Biology
5480 Wisconsin Avenue
Chevy Chase, Maryland 20015

American Academy of Family Physicians
1740 West 92 Street
Kansas City, Missouri 64114

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

American Academy of Physicians' Assts.
2120 L Street, N.W., Suite 210
Washington, D.C. 20037

American Art Therapy Assoc.
3607 South Braeswood Blvd.
Houston, Texas 77025

American Association for Health,
Physical Education and Recreation
1201 16th Street ,N.W.
Washington, D.C. 20036

American Assoc. of Blood Banks
1828 L Street, N.W.., Suite 608
Washington, D.C. 20036

American Assoc. of Colleges of Pharmacy
4630 Montgomery Ave., Suite 201
Bethesda, MD 20014

American Assoc. of Dental Schools
1625 Massachusetts Ave., N.W.
Washington, D.C. 20036

American Assoc. of Medical Assts.
One East Wacker Drive
Chicago, IL 60601

American Assoc. of Ophthalmology
1100 17th Str., N.W., Room 304
Washington, D.C. 20036

American Assoc. of Physicians Assts.
488 Madison Ave.
New York, New York 10022

American Association for Respiratory
Therapy
7411 Hines Place, Suite 101
Dallas, TX 75235

American Cancer Society
219 East 42nd Street
New York, New York 10017

American College of Hospital Adm.
840 North Lake Shore Drive
Chicago, IL 60611

American College of Nurse-Midwives
1000 Vermont Aven., N.W., Suite 500
Washington, D.C. 20005

American College of Obstetricians
and Gynecologists
One East Wacker Drive
Chicago, IL 60601

American Corrective Therapy Assoc.
1265 Cherry Road
Memphis, TN 38117

American Dance Therapy Assoc.
1000 Century Plaza, Suite 216E
Columbia, MD 21044

American Dental Assistants Assoc.
211 East Chicago Avenue
Chicago, IL 60611

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611

American Dental Hygienists' Assoc.
211 East Chicago Avenue
Chicago, IL 60611

American Diabetes Association
One West 48th Street
New York, New York 10020

American Dietetic Association
620 North Michigan Avenue
Chicago, IL 60611

American Foundation for the Blind
15 West 16th Street
New York, New York 1001

American Heart Association
44 East 23rd Street
New York, New York 10010

American Home Economics Assoc.
2010 Massachusetts Avenue N.W.
Washington, D.C. 20036

American Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611

American Industrial Hygiene Assoc.
66 South Miller Road
Akron, OH 44313

American Library Association
50 East Huron Street
Chicago, IL 60611

American Lung Association
1740 Broadway
New York, New York 10019

American Medical Association
535 North Dearborn Street
Chicago, IL 60610

American Medical Record Assoc.
875 North Michigan Ave., Suite 1850
Chicago, IL 60611

American Medical Technologists
710 Higgins Road
Park Ridge, IL 60068

American Medical Student Assoc.
1400 Hicks Road
Rolling Meadows, IL 60068

American Medical Women's Assoc.
1740 Broadway
New York, NY 10019

American Medical Writers' Assoc.
2900 Grove Road
Thorofare, NJ 08086

American National Red Cross
17th and E Streets, NW
Washington, D.C. 20006

American Nurses' Assoc.
Careers Program
2420 Pershing Road
Kansas City, MO 64141

American Occupational Therapy Assoc.
6000 Executive Blvd., Suite 200
Rockville, MD 20852

American Optometric Assoc.
7000 Chippewa Street
St. Louis, MO 63119

American Orthotic and Prosthetic Assoc.
1440 N Street, NW
Washington, D.C. 20005

American Osteopathic Assoc.
212 East Ohio Street
Chicago, IL 60611

American Pharmaceutical Assoc.
2215 Constitution Avenue NW
Washington, D.C. 20037

American Physical Therapy Assoc.
1156 15th Street NW
Washington, D.C. 20005

American Podiatry Assoc.
20 Chevy Chase Circle, NW
Washington, D.C. 20015

American Psychiatric Assoc.
(Joint Information Service)
1700 18th Street, NW
Washington, D.C. 20009

American Psychological Assoc.
1200 17th Street, NW
Washington, DC 20036

LISTS OF ORGANIZATIONS

American Public Health Assoc.
1015 18th Street NW
Washington, DC 20036

American Rehabilitation Counseling Assoc.
1605 New Hampshire Avenue
Washington, DC 20036

American School Health Assoc.
ASHA Building
Kent, OH 44240

American Social Health Assoc.
1740 Broadway
New York, NY 10019

American Society for Medical Technology
5555 West Loop South
Bellaire, TX 77401

American Society of Allied Health Professions
One Dupont Circle, NW, Suite 300
Washington, DC 20036

American Society of Clinical Pathologists
2100 West Harrison Street
Chicago, IL 60617

American Society of Electroencephalographic Technologists
University of Iowa, Division of EEG & Neurophysiology
500 Newton Road
Iowa City, Iowa 52242

American Society of Radiologic Technologists
645 North Michigan Avenue, Suite 836
Chicago, IL 60611

American Speech and Hearing Association
9030 Old Georgetown Road
Washington, DC 20014

American Veterinary Medical Assoc.
903 North Meacham Road
Schaumburg, IL 60172

Arthritis Foundation
1212 Avenue of the Americas
New York, NY 10036

Association for the Advancement of Medical Instrumentation
1500 Wilson Boulevard
Arlington, Virginia 22209

Association of American Medical Colleges
One Dupont Circle, NW
Washington, DC 20036

Association of Medical Illustrators
6650 NW Highway
Chicago, IL 60631

Association of Medical Rehabilitation Directors and Coordinators
3830 Linklea Drive
Houston, TX 77025

Association of Schools of Public Health
1825 K Street, NW, Suite 707
Washington, DC 20006

Association of University Programs in Health Administration
One Dupont Circle, Suite 420
Washington, DC 20036

Biological Photographic Association
P. O. Box 1057
Rochester, MN 55901

Blue Cross Association
840 North Lake Shore Drive
Chicago, IL 60611

Council for the Advancement of Science Writing
201 Christie Street
Leonia, NJ 07605

Cystic Fibrosis Foundation
3379 Peachtree Road, NE Suite 950
Atlanta, GA 20326

Epilepsy Foundation of America
1828 L Street, NW, Suite 406
Washington, DC 20036

Goodwill Industries of America
9200 Wisconsin Avenue, NW
Washington, DC 20014

Hospital Financial Management Assoc.
666 North Lake Shore Drive
Chicago, IL 60611

International Assoc. of Milk, Food and Environmental Sanitarians
P. O. Box 701
Ames, Iowa 50010

Maternity Center Association
48 East 92nd Street
New York, NY 10028

Medical Library Assoc.
919 North Michigan Ave., Suite 2023
Chicago, IL 60611

Muscular Dystrophy Assoc. of America
810 Seventh Avenue
New York, NY 10019

National Assoc. for Mental Health
1800 North Kent Street, Rosslyn Sta.
Arlington, VA 22209

National Assoc. for Music Therapy
P. O. Box 610
Lawrence, KS 66044

National Assoc. for Practical Nurse Education and Service
122 East 42nd Street
New York, NY 10017

National Assoc. of Dental Laboratories
3801 Mount Vernon Avenue
Alexandria, Virginia 22305

National Assoc. of Hearing and Speech Action
814 Thayer Avenue
Silver Spring, MD 20910

National Assoc. of Social Workers
1425 H Street, NW
Washington, DC 20005

National Council for Homemaker-Home Health Aide Services
67 Irving Place
New York, NY 10003

National Council on Alcoholism
Two Park Avenue
New York, NY 10017

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612

National Environmental Health Assoc.
Office of the Executive Director
1600 Pennsylvania Street
Denver, Colorado 80203

National Federation of Licensed Practical Nurses
250 West 57th Street, Suite 323
New York, NY 10019

National Hemophilia Foundation
25 West 39th Street
New York, NY 10018

National League for Nursing
Ten Columbus Circle
New York, NY 10019

National Medical Assoc.
2109 E Street, NW
Washington, DC 20037

National Multiple Sclerosis Society
257 Park Avenue South
New York, NY 10010

National Rehabilitation Assoc.
1522 K Street, NW
Washington, DC 20005

National Safety Council
425 North Michigan Ave.
Chicago, IL 60611

National Therapeutic Recreation Society
1601 North Kent Street
Arlington, Virginia 22009

LISTS OF ORGANIZATIONS

National Urban League
55 East 52nd Street
New York, NY 10022

Registry of Medical Rehabilitation
Therapists and Specialists
5308 Locust Street
North Little Rock, Arkansas 72116

Society for Public Health Education
655 Sutter Street
San Francisco, CA 94102

Society of Nuclear Medicine
475 Park Avenue South
New York, NY 10016

Student National Medical Assoc.
2109 E Street, NW
Washington, DC 20037

United Cerebral Palsy Assoc.
66 East 34th Street
New York, NY 10016

BIBLIOGRAPHY

Academic Program Inventory, Public and Independent Colleges and Universities in Indiana, Indiana Commission for Higher Education, 1976.

Allied Medical Education Directory/6th Edition, Council on Medical Education, American Medical Association, 1976.

American Hospital Association Guide to the Health Care Field, American Hospital Association, 1974 Edition.

An Annotated Bibliography for Health Occupations, Illinois Office of Education, July, 1975.

Bainter, Jack J., *Indiana's V.I.P. Treatment*, Indiana State Board of Vocational Technical Education, 1973.

Dictionary of Occupational Titles, U. S. Department of Labor, 19 Edition.

Directory of Indiana General and Allied Hospitals Ambulatory Outpatient Surgical Centers, Psychiatric Hospitals, Retardation and Developmental Disabilities Hospitals, Indiana State Board of Health, 1976.

Directory of Postsecondary Schools with Occupational Programs, National Center for Education Statistics, HEW, 1973-74.

Hanson, G. R., *Assessing The Career Interests of College Youth: Summary of Research and Application*, Research and Development Division, The American College Testing Program, 1974.

Helms, Samuel T. and Dean H. Nafziger, Cluster Analyses of the SUIB, MUII, and Kuder OIS As Tests for An Occupational Classification, Center for Social Organization of Schools, John Hopkins University, September, 1972.

Holland, John, *The Self-Directed Search*, Palo Alto, California, Consulting Psychologists Press, 1970.

Indiana Health Careers, Inc., Indiana, 1977

Indiana Postsecondary Program Inventory Private Institutions Hospitals and Clinics, Secondary School Apprenticeship Training, Indiana Commission for Higher Education, April, 1977.

Mustafa, Kamil and Attia Naseem, *Medical Careers Planning*, Scarsdale, N.Y., Bureau of Health and Hospital Career Counseling.

Occupational Outlook Handbook, U. S. Department of Labor, 1976-1977 Edition.

Project 21, The Governor's Conference on Occupational Education, April 29-30, 1974.

Selected Tests for Assessing Career Development, Indiana Career Resource Center, Indiana State Board of Vocational and Technical Education, February, 1977.

Simek, Erna, Health Manpower Study - A Summary Report, Manpower Development Task Force of the Indiana Advisory Comprehensive Health Planning Council, 1974.

Smalley, Shirley, and Phyllis Bilger, Project H.O.P.E. Technical Report, Indiana State Board of Vocational and Technical Education, 1976.

V.I.S.I.O.N., The Development and Validation of a Vocational Interest Survey Instrument with Audio-Visual Format, Indiana State Board of Vocational and Technical Education, December, 1976.

Vocational Education and Occupations, United State Department of Health, Education, and Welfare--Office of Education, Washington, D.C., U. S. Government Printing Office, Division of Public Documents.

200 Ways to Put Your Talent to Work In the Health Field, National Health Council, Inc., New York, New York.

APPENDIX C.3

COMPUTERIZED RESOURCE SYSTEM

3.1 LOAN PROGRAM
3.2 REQUEST PROGRAM
3.3 MAINTENANCE PROGRAM
3.4 CODING SYSTEM

COMPUTER RESOURCE SYSTEM MODEL

The computer system model designed by Orville Scribner can be used to readily disseminate health occupations information and material to vocational students and educators.

In designing the model Mr. Scribner was concerned with developing a system that could effectively be used by instructors or students with a maximum of ease. Efficiency, accuracy and economy of use were also prime considerations. The system model was broken down into three sections: load program, request program and maintenance program to illustrate the useability of the system.

Although the system was designed for dissemination of health occupations material, it is applicable for use in all the vocational areas. Mr. Scribner considered the structure of the Indiana Curriculum Materials Center at Indiana State when designing the program.

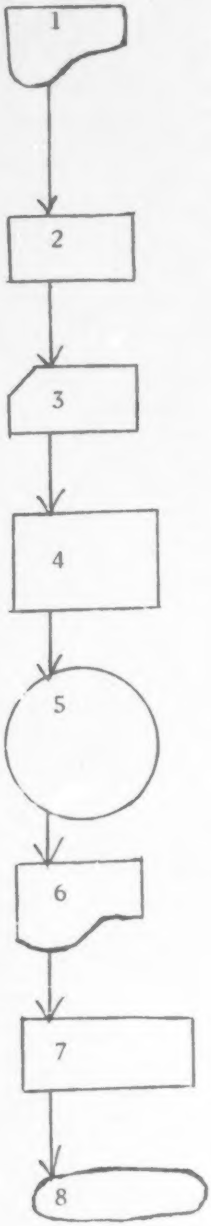
The coding system was based on Indiana Health Occupations Cluster developed by Performance-Based Student Training Component of Project H.O.P.E. The cluster contains 87 vocational job titles requiring below the baccalaureate level of training. Professional health occupations have also been assigned one grouping. The six digit computer number provides for the user to request information or material particular to a given category by a specific job title. Three descriptors will be used to specify exact type of information or material needed.

The scholarship category was researched to obtain data in order to test the resource system model. A materials abstract sheet was designed for the computer system. The scholarship category data collected has been reported in this appendix.

To illustrate how the coding system works the following example has been presented. A student desired information concerning loans and grants available for training as a medical assistant. The student would complete a data request card using the following coding: 884,000 - Descriptors: Vocational, loan/grant. The 88 identified the medical assistant, 4 indicated scholarship category and the three descriptors specified the type of information needed (Vocational, loan/grant).

Computer Resource System Model

Load Program



1. Input Documents for abstract entries of material, curriculum or scholarships, etc.

2. Code with abstract number, keywords, and other necessary items.

3. Keypunch and verify all the cards for input to master tape or disc.

4. Edit and load to master tape. Edit out errors. (missing keywords, etc.)

5. Master tape which would have all entries good and error entries as blank records.

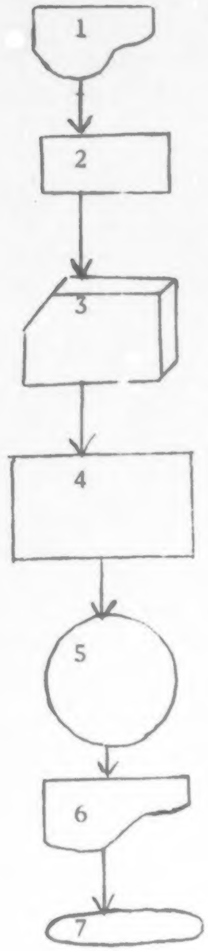
6. Error listing of items with missing codes or cards, etc.

7. Send document to maintenance program Step 2 to be recorded.

8. If no error to request program, if errors to maintenance program.

Computer Resource System Model

Request Program



1. Request for data about materials curriculum or scholarships.

2. Code with proper keywords, a request finder form and send to data center.

3. Keypunch and verify finder from cards.

4. Program to retrieve all abstracts with keywords and print them as found.

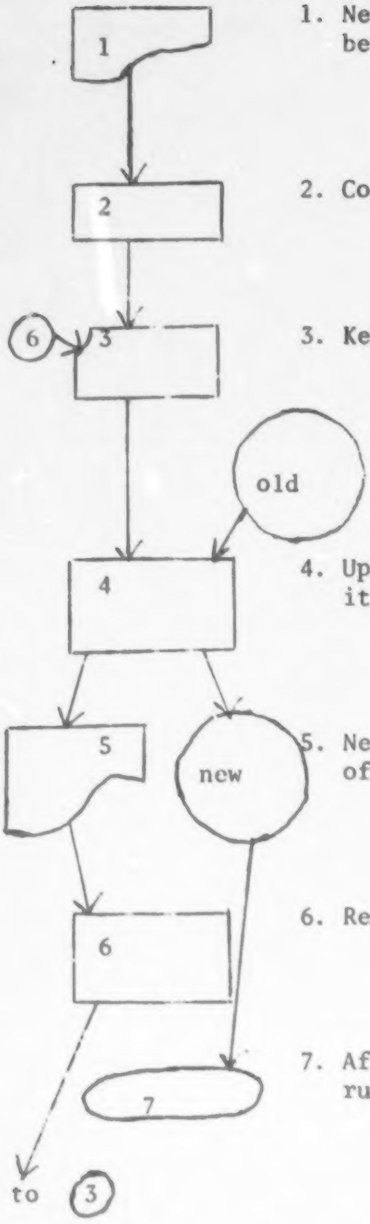
5. Master file of abstracts.

6. Send report to requester and file all other forms etc.

7. Return master to file awaiting next request or maintenance run.

Computer Resource System Model

Maintenance Program



1. New items and/or maintenance documents from load program to be recoded and/or reloaded.

2. Code with all necessary items and prepare for data preparation.

3. Keypunch changes/additions etc. and verify.

4. Update old master by adding new items and/or make changes to old items, delete's etc.

5. New master to beheld for rejects and/or request program. Listing of errors in the maintenance cards.

6. Recode these items and prepare them for data preparation. Step #3.

7. After all maintenance cards are accepted the request program can be run against the new master.

Computer Resource System Model
Coding System
Health Occupations
Project H.O.P.E.
Information Resource Component

1. System 000 000

00 Vocational Job Title

0 Category of Computer System

000 Number given to each item in Category

2. Categories

	Category Number
Curriculum	001 000
Equipment	002 000
Organizations	003 000
Scholarships	004 000
Career Education	005 000
Resources	006 000
Educational Institutions	007 000
Manpower Predictions	008 000

3. Descriptors

Curriculum: Printed, Audio-Visual
Student, Teacher

Equipment: (Job Title and Supplier)

Organizations:

Vocational, Job Title
Professional, Job Title

Scholarship:

Vocational, Job Title, Free/Grant/Loan/Fellowship

Professional, Job Title, Free/Grant/Loan/Fellowship

General Educational Aid, Undergraduate/Graduate
Free/Grant/Loan/Fellowship

Career Education:

- Vocational, Job Title, Printed/AV
- Professional, Job Title, Printed/AV
- Testing, Apptitude/Personality/Career Preference

Resources:

- Grants, Federal/State/Private
- Free, Printed/AV (Supplier)
- General, Job Title

Educational Institutions:

- Indiana
- National

Manpower Predictions:

- Demand, Salary, Advancement

Coding 000
Job Title

000 Catagory

000 000 Number of items coded

100,000	Nurse, Registered
110,000	Nurse, Practical (L.P.N./L.V.N.)
120,000	Nurse, Aide/ Attendant/ Orderly
130,000	Nurse, Geriatrics Technician
140,000	Nurse, Specialties Obstetrical Technician Pediatric Technician Burn Unit Technician
150,000	Home Health Aide
160,000	Emergency Medical Technician/ Ambulance Attendant
170,000	Cardio-Pulmonary/Cardio-Vascular Technician
180,000	Corpsman/ Clinical Corpsman
200,000	Mental Health Technician
210,000	Mental Health Assistant/ Psychiatric Technician
220,000	Mental Health Attendant-Aide/ Psychiatric Assistant Aide
230,000	Certified Occupational Therapy Assistant
240,000	Occupational Therapy Aide
250,000	Recreation Therapist Aide
260,000	Recreation Therapy Assistant
270,000	Music Therapy Assistant/Aide
300,000	Certified Laboratory Technician (CLA)
310,000	Medical Laboratory Aide/Diener
320,000	Cytotechnician
330,000	Histological Technician
340,000	Electro-cardiograph Technician
350,000	Electro-encephlegraphic Technician
360,000	Pulmonary Function Technician
400,000	Radiological Technologist
410,000	Radiological Technology Assistant/Aide/ Dark Room Aide
420,000	Registered Radiation Therapy Technologist
430,000	Radiation Therapy Assistant/Aide

500,000	Physical Therapist
510,000	Physical Therapy Assistant
520,000	Physical Therapy Aide
530,000	Ortho/Prosthetic Technician/Assistant
540,000	Certified Respiratory Therapy Technician
550,000	Respiratory Therapy Aide
560,000	Pulmonary Function Technician
570,000	Ophthalmic Laboratory Technician
580,000	Optometric Technician
590,000	Speech Therapy Assistant/Aide

600,000	Central Service Aide/ Assistant
610,000	Circulation/Extra Corporeal Technician/ Hemodialysis Technician
620,000	Orthopedic Cost Specialist
630,000	Operating Room Technician/Surgical Aide Assistant
640,000	Pharmacy Aide/Technician
650,000	House Keeping Aide/Assistant
660,000	Dietitic Aide
670,000	Dietary Technician

700,000	Dental Hygienist
710,000	Expanded Duties Dental Assistant
720,000	Dental Assistant
730,000	Dental Laboratory Technician
740,000	Dental Laboratory Assistant/Aide

800,000	Medical Transcriber
810,000	Medical Stenographer
820,000	Medical-Dental-Secretary
830,000	Medical Librarian Assistant
840,000	Medical Records Clerk
850,000	Medical Records Technician
860,000	Insurance Clerk
870,000	Ward-Unit Clerk/Secretary
880,000	Medical Assistant

900,000	Veterinary Technician
910,000	Veterinary Assistant/Aide
920,000	Groomer
930,000	Veterinary Receptionist
940,000	Professional Health Careers

Professional Titles

Audiologist
Public Health Worker
Dental Surgeon
Dentist
Dietician
Environmental Health Worker
Environmental Scientist
Epidemiologist and Biostatistican
Health Administrator
Hospital Administrator
Medical Librarian
Medical Technologist
Medical Doctor
Nurse (Baccalaureaute)
Nutritionist
Pharmacist
Physical Therapist
Sanitary Engineer
Social Worker
Special Education Teacher
Speech Pathologist
Speech Therapist
Teacher of Mentally Retarded
    Mentally Handicapped
    Health Occupations
Veterinarian

APPENDIX C.4

SCHOLARSHIP CATEGORY DATA

4.1 LETTER REQUESTING INFORMATION
4.2 SAMPLE MATERIALS ABSTRACT
4.3 MATERIAL ABSTRACTS BY JOB TITLE

PROJECT H.O.P.E.
Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

PROJECT DIRECTOR:
Beverly [illegible]
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

January 3, 1977

Dear Respondent:

In an effort to meet the ever-increasing demand for qualified Allied Health workers, in Indiana, the State Board of Vocational-Technical Education has funded a research effort called Project HOPE, A Comprehensive Plan for Indiana Health Occupations Program Educators.

The Resource Information component of Project HOPE would like to update the listing of available health occupation programs in the State of Indiana; therefore, I am sending your school a data sheet to be completed for each established program. I have enclosed extra sheets for any new programs you may have.

Please complete the information on each category and return the enclosed forms to:

Mrs. Shirley Smalley
Project HOPE Principal Investigator
801 Parkview Drive
New Castle, IN 47362

The questionnaire should be returned by January 30, 1977 in the enclosed envelope. Thank you for your cooperation.

Sincerely,

Shirley Smalley

Shirley Smalley (Mrs.)
Project HOPE
Principal Investigator

SS/sa

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

NAME OF DEVELOPER(S)

TARGET LEVEL

TYPE OF MATERIAL

DESCRIPTOR:

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM 110.000

MATERIALS ABSTRACT

CD
CD
-2

TITLE OF MATERIALS: Scholarship	INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:	**NAME OF DEVELOPER(S)**
National Association for Practical Nurse Education and Service, Inc. 122 East 42nd Street New York, NY 10017 212/682/3400	National Association for Practical Nurse Education
TARGET LEVEL	**TYPE OF MATERIAL**
LPN/VN, Any student	Scholarship

DESCRIPTOR:

--Information on scholarship

NAPNES' scholarship program offers scholarship grants amounting to more than $20,000 each year to potential nursing students. NAPNES' also provides financial aid for LP/VNS who continue their education in specialized areas of nursing.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1153

OCCUPATIONAL CURRICULUM 110,000

MATERIALS ABSTRACT

TITLE OF MATERIALS S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

National Licensed Practical Nurses
Educational Foundation, Inc.
250 W. 57th St., Suite 323
New York, NY 10019

NAME OF DEVELOPER(S)

NLPNEF

TARGET LEVEL: LV/LPN Student

TYPE OF MATERIAL: S

DESCRIPTOR:

A limited number of scholarship awards of up to $250 each are made annually.

WHO MAY APPLY: The Awards Committee practices no discrimination on the basis of race, color, creed, sex, or age. To be eligible for a scholarship award an applicant must: File an official APPLICATION FOR SCHOLARSHIP which includes a financial statement. Present proof of acceptance for admission to a state-approved school of practical nursing. (Official forms will be sent by NLPNEF to the Director of the school to which the applicant has been admitted.) Give evidence (through references) of the scholastic, motivational, and personal qualifications required for a career in licensed practical nursing. (Official reference forms will be sent by NFLPN to persons named by the applicant.)

DESCRIPTORS: Nursing, Practical

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM 140.000

MATERIALS ABSTRACT

CD

CD

1-2

TITLE OF MATERIALS Scholarship

INDIANA ABSTRACT NUMBER 009 002

TO ORDER, PLEASE CONTACT:

Jean S. Lockhart, M.D.
Department of Committees
American Academy of Pediatrics
P.O. Box 1034
Evanston, IL 60204

NAME OF DEVELOPER(S)

American Academy of Pediatrics

TARGET LEVEL Pediatric Interns and Residents

TYPE OF MATERIAL Scholarship

DESCRIPTOR:

The Academy has a program under which it annually grants a small number of fellowships of $500 to $2,500 each to pediatric interns and residents who are legal residents of the U. S. and Canada and have real need of financial assistance.

DESCRIPTORS: Pediatrics

STATE SUBMITTING ABSTRACT

1155

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS: Scholarship

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Hazel Corbin Assistance Fund
Maternity Center Association
48 East 92nd Street
New York, NY 10028

NAME OF DEVELOPER(S)

Maternity Center Association

TARGET LEVEL Nurses who enrolled in midwifery programs

TYPE OF MATERIAL Scholarship

DESCRIPTOR:

The Maternity Center Association has a program to provide financial assistance to nurses who are enrolled in midwifery programs approved by the American College of Nurse-Midwives or to prepare nurse-midwives who are enrolled in a refresher program. Interested and qualified students should write directly to the Hazel Corbin Assistance Fund, Maternity Center Association, 48 East 92nd Street, New York, NY, 10028.

DESCRIPTORS: Nurse, Midwife

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM 240,000

MATERIALS ABSTRACT

CD

CD

TITLE OF MATERIALS s

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

American V. T. Foundation, Inc.
6000 Executive Boulevard
Rockville, Maryland 20852

NAME OF DEVELOPER(S)

Mary K. Minglin
Scholarship Fund

TARGET LEVEL

OT Student

TYPE OF MATERIAL

S

DESCRIPTOR:

Three scholarships--$700 each; Preference given to students of multifold talent and interest. Students enrolled in an occupational therapy curriculum at either the professional or assistant level are eligible.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1157

240,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

1-2

TITLE OF MATERIALS	INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:	NAME OF DEVELOPER(S)
American Occupational Therapy Foundation, Inc. 6000 Executive Boulevard Rockville, Maryland 20852	Mary Palmer Fund

TARGET LEVEL	TYPE OF MATERIAL
O. T. Student	S

DESCRIPTOR:

1 Scholarship $500.00

DESCRIPTORS: Professional, Occupational Therapist, Free

STATE SUBMITTING ABSTRACT

1153

240,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

American Occupational Therapy
6000 Executive Boulevard
Rockville, Maryland 20852

NAME OF DEVELOPER(S)

Carolyn W. Kohn
Scholarship Fund

TARGET LEVEL: O. T. Student

TYPE OF MATERIAL: S

DESCRIPTOR:

AWARD: 2 Scholarships $700 each; Preference is given to students whose homes are located in New York State, however, students may be enrolled in a curriculum out of state.

DESCRIPTORS: Professional, Occupational Therapy, Free

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM 240,000

MATERIALS ABSTRACT

TITLE OF MATERIALS S'

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

American O. T. Foundation, Inc.
6000 Executive Boulevard
Rockville, Maryland 20852

NAME OF DEVELOPER(S)

Kappa Delta Phi
Scholarship Fund

TARGET LEVEL: O. T. Student

TYPE OF MATERIAL: S

DESCRIPTOR:

AWARDS: 4 scholarships $700.00 each. Students enrolled in an occupational therapy curriculum at either the professional or assistant level are eligible.

Because the amount of funds available each year is usually not sufficient to meet the total needs of those applying for scholarships, it is necessary that these funds be distributed in the most equitable manner possible. Only applications properly completed and submitted with ALL supporting materials prior to the deadline will be considered.

DESCRIPTORS: Vocational/Professional, Occupational Therapy, Free

STATE SUBMITTING ABSTRACT

1160

330,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

TITLE OF MATERIALS

S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

School Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 West Love South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

Lab-Line Biomedical
Products, Division of
Lab-line Instruments, Inc.

TARGET LEVEL

Histotechnologist

TYPE OF MATERIAL

S

DESCRIPTOR:

AWARD: Two $500 Scholarships PURPOSE: To assist histotechnologists to engage in continuing education study or to pursue an academic degree in programs of study relevant to histopathology. ELIGIBILITY: Any histotechnologist with HT(ASCP) certification or medical technologist with MT(ASCP) certification who 1) fulfills requirements for admission into the program or course(s) proposed in the application, 2) has been performing in histopathology for at least one year, and 3) is a current member of ASMT.

DESCRIPTORS: Progessional, Histotechnologist, Free

STATE SUBMITTING ABSTRACT

1161

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Division of Financial Aids
Agriculture Annex II
West Lafayette, IN 47907

NAME OF DEVELOPER(S)

The American Foundation for
Pharmaceutical Education

TARGET LEVEL

Pharmacy Student

TYPE OF MATERIAL

DESCRIPTOR:

The American Foundation for Pharmaceutical Eduation contributes $600 annually for scholarships based on ability and financial need.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1162

OCCUPATIONAL CURRICULUM 640,000

MATERIALS ABSTRACT

CD
CD

TITLE
OF S
MATERIALS

INDIANA
ABSTRACT
NUMBER

TO ORDER, PLEASE CONTACT:

Division of Financial Aids
Agricultural Annex II
West Lafayette, IN 47907

NAME OF DEVELOPER(S)

The Lake County Pharmacist Association

TARGET LEVEL

Pharmacy Student

TYPE OF MATERIAL

S

DESCRIPTOR:

The Lake County Pharmacist Association gives an annual scholarship of $100 to a deserving student from Lake County.

DESCRIPTORS:

STATE
SUBMITTING
ABSTRACT

163

OCCUPATIONAL CURRICULUM 640,000

MATERIALS ABSTRACT

TITLE OF MATERIALS Grant

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Division of Financial Aids
Agriculture Annex II
West Lafayette, IN 47907

NAME OF DEVELOPER(S)

The William E. Apperman
Pharmacy Scholarship

TARGET LEVEL

Pharmacy Student

TYPE OF MATERIAL

Grant

DESCRIPTOR:

The William E. Opperman Pharmacy Scholarship annually provides a grant of $500 to a student at the Calumet or West Lafayette Campus.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

~~1164~~

OCCUPATIONAL CURRICULUM 640,000

MATERIALS ABSTRACT

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1-2

TITLE OF S MATERIALS	INDIANA ABSTRACT NUMBER
TO ORDER, PLEASE CONTACT:	NAME OF DEVELOPER(S)
Division of Financial Aids Agriculture Annex II West Lafayette, IN 47907	U. S. Public Health Service
TARGET LEVEL	TYPE OF MATERIAL
Pharmacy Student	S.

DESCRIPTOR:

U. S. Public Health Service scholarships are avialable to second-, third-, fourth-, and fifth-year students. They are awarded on the basis of financial need and academic standing. Loan funds are also available from this agency to second-, third-, fourth-, andfifth-year students.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1165

OCCUPATIONAL CURRICULUM 640,000

MATERIALS ABSTRACT

TITLE OF MATERIALS

S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Division of Financial Aid
Agriculture Annex II
West Lafayette, IN 47907

NAME OF DEVELOPER(S)

Southwestern Indiana
Pharmaceutical Auxiliary

TARGET LEVEL

Pharmacy Student

TYPE OF MATERIAL

S

DESCRIPTOR:

Southwestern Indiana Pharmaceutical Auxiliary provides $100.00 annually for a student from the Evansvile area.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1166

640,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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TITLE OF MATERIALS	INDIANA ABSTRACT NUMBER
S	

TO ORDER, PLEASE CONTACT:	**NAME OF DEVELOPER(S)**
Division of F.A. Agriculture Annex II W. L., Indiana 47907	The Tippecanoe Co. Pharmaceutical Association

TARGET LEVEL	TYPE OF MATERIAL
2nd year Pharmacy Student	S

DESCRIPTOR:

The Tippecanoe County Pharmaceutical Association Scholarship gives $150 annually for qualified second-year students from Tippecanoe County.

DESCRIPTORS:

STATE
SUBMITTING
ABSTRACT

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS Scholarship

INDIANA ABSTRACT NUMBER 734 002

TO ORDER, PLEASE CONTACT:

The American Fund for Dental Health
211 East Chicago Avenue
Chicago, Illinois 60611

NAME OF DEVELOPER(S)

The American Fund for Dental Health

TARGET LEVEL

Student Dental Laboratory Technician

TYPE OF MATERIAL

Scholarship

DESCRIPTOR:

A number of scholarships for study at the schools for dental laboratory technicians are accredited by the American Dental Association are available. These scholarships have been made possible through grants to The American Fund for Dental Health by many organizations and corporations in the dental industry. For scholarship information, contact:

The American Fund for Dental Health
211 East Chicago Avenue
Chicago, Illinois, 60611

DESCRIPTORS: Vocational, Dental Laboratory Technician, Scholarship

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM 850,000

MATERIALS ABSTRACT

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TITLE OF MATERIALS Loan

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Foundation of Record Education of
American Medical Record Association
875 N. Michigan Avenue, Suite 1850
John Hancock Center
Chicago, IL 60611

NAME OF DEVELOPER(S)

Foundation of Record Education of AMRA

TARGET LEVEL

Student in an approved medical Record Educational Program

TYPE OF MATERIAL

Loan

DESCRIPTOR:

Persons are eligible to apply if: 1. They have been accepted for full-time enrollment in a program of Medical Record Administration approved by the Council on Medical Education of the American Medical Association and are beginning their final year of study. or 2. They have been accepted for full-time enrollment in a program for Medical Record Technicians approved by the Council on Medical Education of the American Medical Association and are beginning their final year of study. or 3. They are Registered Record Administrators who a) have completed their third year of undergraduate work and are enrolled full time in study to obtain a baccalaureate degree, or b) have a baccalaureate degree and are working toward an advanced degree on a full-time basis. Programs must be taken in a regionally accredited college or university.

Applicants need not be citizens of the United State or territories.

Correspondence education students are not eligible to apply for FORE loan funds.

DESCRIPTORS:

Continued on page 2

STATE SUBMITTING ABSTRACT

1169

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

NAME OF DEVELOPER(S)

TARGET LEVEL

TYPE OF MATERIAL

DESCRIPTOR:

TERMS OF LOAN: 1) An applicant approved to enter a program of Medical Record Administration or an active registered member applicant accepted for study for a bacclaureate degree may request a loan not to exceed $1500.00 2) An applicant approved to enter a program for Medical Record Technicians may request a loan not to exceed $500.00. 3) An Active Registered Member applicant accepted for study for an advanced degree may request a loan not to exceed $2400.00.

Three percent interest will be charged for the first year, four percent for the second and third years, five percent for the fourth year and seven percent each year after maturity. Interest is charged only on unpaid balance, and any loan may be pre-paid before it is due without penalty. The entire loan is to be paid back within four years following the date of the Promissory Note.

Persons granted the loan shall sign a Student Loan Agreement with two endorsers. The endorsers of Student Loan Agreement shall be citizens of the United State and territories. Loan checks will be sent to the program director for transmittal to the student after he is enrolled in class.

830,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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TITLE OF MATERIALS

S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Medical Library Association
919 No. Michigan Avenue
Chicago, ILL 60611

NAME OF DEVELOPER(S)

MLA and Special Libraries Assoc.

TARGET LEVEL

Student

TYPE OF MATERIAL

DESCRIPTOR:

Scholarships are $2,000 and awarded to outstanding individuals entering the medical library field.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1171

880,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

O.E. 0-7.0904

TITLE OF MATERIALS American Association of Medical Assistants Scholarships

INDIANA ABSTRACT NUMBER 884004

TO ORDER, PLEASE CONTACT:

American Association of Medical Assistants Endowment
One East Wacker Drive Suite 1510
Chicago, Illinois 60601
(312) 944-2722

NAME OF DEVELOPER(S)

Maxine Williams Scholarship Fund
American Association of Medical Assistants, Inc.

TARGET LEVEL Medical Assisting average student

TYPE OF MATERIAL Scholarship

DESCRIPTOR:

The Maxine Williams Scholarship Fund annually awards several $500· Scholarships to students seriously interested in pursuing a career in medical assisting. Once a scholarship is awarded, it is sent to the school where the recipient will be attending. Scholarships are awarded on the basis of interest, need, and aptitude.

DESCRIPTORS: Vocational, Medical Assistant, Scholarship

STATE SUBMITTING ABSTRACT

1172

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS

Scholarship for Medical Assistants

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

American Association of Medical
Assistants, Endowment
1 East Wacker Drive, Suite 1510
Chicago, Illinois 60601

NAME OF DEVELOPER(S)

Maxine Williams
Scholarship Fund
American Association of Medical
Assistants, Inc.

TARGET LEVEL

Medical Assisting

TYPE OF MATERIAL

Scholarship

DESCRIPTOR:

The Maxine Williams Scholarship Fund annually awards several $500 Scholarships to students seriously interested in pursuing a career in medical assisting. Once a scholarship is awarded, it is sent to the school where the recipient will be attending. Scholarships are awarded on the basis of interest, need and aptitude.

DESCRIPTORS: Vocational, Medical Assistant, Scholarship

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

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1-2

TITLE OF MATERIALS Work-study

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

The Office of Education Opportuntiy
Association of University Programs
in Health Administration
1755 Massachusetts Avenue, N.W.
Washington, D.C. 20036

NAME OF DEVELOPER(S)

AUPHA

TARGET LEVEL

Minority Undergraduate Student in Hospital Administration

TYPE OF MATERIAL

Work-Study

DESCRIPTOR:

WORK-STUDY PROGRAM - A summer work-study program for the purpose of acquainting interested undergraduates with the field of health administration is sponsored jointly by the Association of University Programs in Health Administration and the National Association of Health Services Executives. In this program, talented sophomore and junior minority-group students spend a summer working and studying in a hospital or other health care organization.

DESCRIPTORS: General Educational Aid, Undergraduate, Fellowship Study

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM 940.000

MATERIALS ABSTRACT

TITLE OF MATERIALS: Scholarship & Loan

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

The Office of Education Opportunity
Association of University Programs in
Health Administration
1755 Massachusetts Ave. N. W.
Washington, D.C. 20036

NAME OF DEVELOPER(S)

AUPHA

TARGET LEVEL

Minority undergraduate student in Hospital Administration

TYPE OF MATERIAL

S. & L.

DESCRIPTOR:

The Scholarship and Loan Program was introduced in 1971 with the long-range goal of assuring that all qualified minority group students with demonstrable financial need have sufficient funds to meet the expenses of attending the health services or hospital administration graduate program of their choice. The National Fund is not intended to replace any current funding efforts, but to coordinate existing, and generate new, aid sources. It is one activity of a balanced, long-range strategy aimed at increasing the representation of minorities in the profession.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1175

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

TITLE OF MATERIALS Scholarships

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

The J. T. Baker Chemical Co.

TARGET LEVEL

Individuals within the profession of MT.

TYPE OF MATERIAL

3

DESCRIPTOR:

AWARD: Two $500 Scholarships

PURPOSE: To assist individuals within the profession of M.T. in their development or improvement of management skills through participation in ASMT management courses and/or courses in the ASMT/CMO graduate degree program in Management and Supervision.

ELIGIBILITY: Any clinical laboratory practitioner who 1) fulfills requirements for admission into the program or courses proposed in the application 2) has been engaged in clinical laboratory performance for at least one year and 3) is a current member of ASMT.

DESCRIPTORS: Professional, Medical Technologist, Free

STATE SUBMITTING ABSTRACT

1176

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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TITLE OF MATERIALS: Scholarship

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

Fisher Scientific Co.

TARGET LEVEL: Junior and/or Senior Medical Technology Student

TYPE OF MATERIAL: Scholarship

DESCRIPTOR:

AWARD: $3,000.00 which will be paid in equal installments for each of the terms of the junior and senior years of study. The recipient will also receive travel and hotel expenses for ASMT Annual Meeting and Exhibit.

PURPOSE: To assist qualified college or university students who are in need of financial aid and who are enrolled full-time in a degree program in the curriculum of medical technology in an accredited college or university in the United States.

ELIGIBILITY: Any student who 1) is a permanent resident of the United States, 2) is in need of financial aid, and 3) has completed the first term of the sophomore year.

DESCRIPTORS: Professional, Medical Technologist, Free

STATE SUBMITTING ABSTRACT

1177

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

TITLE OF MATERIALS: Scholarship

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

The General Diagnostics
Division of Warner-Lambert Co.

TARGET LEVEL: Medical Technology

TYPE OF MATERIAL: Scholarship

DESCRIPTOR:

AWARD: $1,000.00. The recipient will also receive travel and hotel expenses for the ASMT Annual Meeting and Exhibit.

PURPOSE: To assist individuals within the profession of medical technology, who are presently teaching or who wish to teach, to pursue study toward an advanced degree in one of the clinical laboratory sciences or other areas of study relevant to improving teaching in medical technology.

ELIGIBILITY: Any medical technologist who 1) fulfills requirements for admission or is currently enrolled in a program leading to an advanced degree. 2) is a permanent resident and citizen of the U.S. 3) has been engaged in clinical laboratory performance for at least one year, and 4) is a current member of ASMT.

DESCRIPTORS: Professional, Medical Technologist, Free

STATE SUBMITTING ABSTRACT

1178

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

TITLE OF MATERIALS: S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

American Medical Technologists
710 Higgins Road
Pork Ridge, Illinois 60068

NAME OF DEVELOPER(S)

American Medical Technologists

TARGET LEVEL

Medical Technology Student

TYPE OF MATERIAL

S

DESCRIPTOR:

AWARD: $250.00 Scholarships will be awarded annually. Applicants must be enrolled or contemplating enrolling in a school accredited by the accrediting Bureau of Medical Laboratory Schools or applicant must be enrolled, or contemplate enrolling, in a college or university, junior or community college, in a medical technology program. Applicant who is an AMT member can apply if he is working for academic credits or toward a degree.

DESCRIPTORS: Professional, Medical Technologist, Free

STATE SUBMITTING ABSTRACT

1179

MATERIALS ABSTRACT

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1-2

TITLE OF MATERIALS Grant

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

The Clay Adams Division
Becton, Dickinson & Co.

TARGET LEVEL Medical Technologists

TYPE OF MATERIAL Grant

DESCRIPTOR:

GRANT: Up to $1,000.00

PURPOSE: This grant is offered to medical technologists to conduct educational or scientific research. Funding provides for 1) developmental or evaluative research and2) applied scientific research relating directly to medical technology, including instrumentation and methodology studies. Each applicant must file an application and a proposal in accordance with guidelines provided with the application form. The work should culminate in a publishable document to be submitted for consideration to the AMERICAN JOURNAL OF MEDICAL TECHNOLOGY. The paper should be useful to practitioners and/or educators throughout the country. The research should be accomplished within 12 to 24 months.

ELIGIBILITY: Any individual who is a permanent resident and citizen of the United States and is a current active member of ASMT. (In the case of more than one applicant, all must be active and current members.)

DESCRIPTORS: Professional, medical technologist, Grant

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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1-2

TITLE OF MATERIALS S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

Ames Company

TARGET LEVEL

Medical Technologists

TYPE OF MATERIAL

S

DESCRIPTOR:

AWARD: $500. The recipient will also receive travel and hotel expenses for the ASMT Annual Meeting and Exhibit.

PURPOSE: To assist individuals within the profession of medical technology to engage i continuing education study or to pursue an advanced degree in programs of study relevant to radioassay and/ or radiobioassay.

ELIGIBILITY: Any clinical laboratory practitioner or educator who 1) fulfills requirements for admission into the program or course(s) proposed in the application, 2) has been engaged in the clinical laboratory performance in radioassay for at least one year, and 3) is a current member of ASMT.

DESCRIPTORS: Professional, Medical Technologist, Free

STATE SUBMITTING ABSTRACT

1181

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

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1-2

TITLE OF MATERIALS Scholarship and Stipend

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Public Health Service
Scholarship Program Student Assistance Staff,
BHRO HRA, NIH, Building, 31, Room 4C-39, 9000
Rockville Pike, Bethesda, Maryland 20014

NAME OF DEVELOPER(S)

National Health Service
Corps Scholarships

TARGET LEVEL

Dental Students

TYPE OF MATERIAL

Scholarship and Stipend

DESCRIPTOR:

A limited number of National Health Service Corps scholarships are available for dental students. The scholarship pays full-time tuition and required fees for each academic year a student is enrolled, up to 4 years, as well as a monthly stipend for each month a student is enrolled to cover all other educational costs. In the school year 1975-76, the stipend was $750, but this is subject to change depending on congressional and executive action pending health manpower legislation. In each year of academic training, or fraction thereof, during which students receive scholarship support they must serve one year in the Public Health Service, with a minimum of 2 years service. Individuals are assigned to one of the following programs. National Health Service Corps Indiana Health Service, PHS Hospitals and Clinics, Coast Guard Medical Facilities, or federal prisons medical facilities.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1182

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

TITLE OF MATERIALS Scholarship

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

American Dental Assistants Association
211 East Chicago Avenue
Chicago, Illinois 60611

NAME OF DEVELOPER(S)

American Dental Assistants Association

TARGET LEVEL: Students enrolled in a Dental Assistant Teacher Education Program leading to a B.S.

TYPE OF MATERIAL Scholarship

DESCRIPTOR:

Scholarships will be awarded annually based upon the candidates' interest in dental assisting teaching, academic achievement, financial needs and personal attributes.

RULES AND REGULATIONS : 1) Candidates must be currently certified or qualified for certification. 2) Candidates must be citizens of the U.S. 3) Scholarships will be available to students enrolled in a DA teacher education program leading to a baccalaureate degree. 4) Candidates will be considered on the basis of academic achievement, ability, and interest in dental assisting teaching, financial needs and personal attributes. 5) Consideration will be limited to members of the American Dental Assistants Association. 6) Applicants must have a minimum of 1 year's experience in a dental situation. 7) Candidates must submit the following required materials to the American Dental Assistants Association not later than July 15.

A. All transcripts of the candidate's academic records.

B. A copy of the letter of acceptance from the institution in which the applicant is or will be enrolled.

C. Two letters of reference: One from a member of the American Dental

DESCRIPTORS:

Continued on Page 2

STATE SUBMITTING ABSTRACT

MATERIALS ABSTRACT

TITLE OF MATERIALS

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

NAME OF DEVELOPER(S)

TARGET LEVEL

TYPE OF MATERIAL

DESCRIPTOR:

Association or from the director of the accredited dental assistant program from which the applicant graduated endorsing the applicant as to the necessary dental assisting teacher qualifications; the other letter from a person of the applicant's own choice endorsing integrity, conscientiousness and ability to accept responsibility.

D. A letter of intent to pursue a long-range career in teaching dental assisting in a program accredited by the Council on Dental Education of the American Dental Association

8. Eligibility for consideration of renewal of the award will be based upon the students satisfactory progress in the DA teacher education program.
9. In the event the scholarship recipient does not complete the requirements leading to a baccalaureate degree in dental assistant teacher education, the scholarship will be regarded as a non-interest bearing loan and will be repaid to the Scholarship Fund.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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TITLE OF MATERIALS: Scholarship and Stipend

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

U. S. Air Force Recruiting Service
Medical Recruiting Division, Randolph AFB,
Texas 78148 or Commander, Army Medical Dept.,
Agency, Att: 56PE;PD, Washington D.C. 20314
Naval Health Sciences Education & Training Command
Code 14, Bldg. 141, National Naval Medical Center,
Bethesda, Maryland 20014

NAME OF DEVELOPER(S)

Uniformed Services Health Professions Revitaliza

TARGET LEVEL

Dental Student

TYPE OF MATERIAL

Scholarship & Stipend

DESCRIPTOR:

Scholarship coverage for educational expenses and a $400 per stipend are provided by the uniformed services Health Professions, RevitalizationAct. In return for the scholarship and stipend the student signs a contractual agreement to serve at least two years in one branch of the armed services. This scholarship is awarded to only a total of approximately 1,000 dental students in all classes at all schools in any-one year. For each year over 2 years in which the student receives the scholarship an additional year must be served in the branch of the services with which the student signed the agreement.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1185

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS Scholarship

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
American Society for Medical Technology
Education and Research Fund Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

~~American Society Medical~~
Technology Education and
Research Fund, Inc.

TARGET LEVEL Graduate Medical Technician - Practitioner or Educator

TYPE OF MATERIAL Scholarship

DESCRIPTOR:

AWARD: $1,000.00

PURPOSE: To assist individuals within the profession of medical technology to pursue an advanced degree in medical technology or in one of its clinical laboratory specialties.

ELIGIBILITY: Any clinical laboratory practitioner or educator who1) fulfills requirements for admission or is currently enrolled in a program leading to a Master's or Ph.D. degree in medical technology or one of its clinical laboratory sciences or related sciences, 2) has been engaged in clinical laboratory performance for at least one year, and 3) is a permanent resident and citizen of the United States.

DESCRIPTORS: Progessional, Medical Technologist, Free

STATE SUBMITTING ABSTRACT

1186

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

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TITLE OF MATERIALS	INDIANA ABSTRACT NUMBER
S	
TO ORDER, PLEASE CONTACT:	**NAME OF DEVELOPER(S)**
Scholarships and Grant Program AJMT Education and Research Fund, Inc. Sixth 200, 5555 W. Loop South Bellaire, Texas, 77401	Harlem Division of American Hospital Supply Corporation
TARGET LEVEL	TYPE OF MATERIAL
Continuing Education Study for Cytotechnologists	S

DESCRIPTOR:

AWARD: Two $500 Scholarships

PURPOSE: To assist cytotechnologists to engage in continuing education study or to pursue baccalaureate or advanced degrees in programs of sutdy relevant to cytopathology.

ELIGIBILITY: Any cytotechnologist with CT(ASCP) certification who 1) fulfills requirements for admission into the program or courses(s) proposed in the application, 2) has been performing in cytopathology for at least one year, and 3) is a current member of ASMT.

DESCRIPTORS: Profressional, cytotechnologists, Free

STATE SUBMITTING ABSTRACT

1187

MATERIALS ABSTRACT

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1-2

TITLE OF MATERIALS	INDIANA ABSTRACT NUMBER
S	

TO ORDER, PLEASE CONTACT:	NAME OF DEVELOPER(S)
Scholarships and Grant Program ASMT Education and Research Fund, Inc. Suite 200, 5555 W. Loop South Bellaire, Texas 77401	The Dade Division of American Hospital Supply Corporation

TARGET LEVEL	TYPE OF MATERIAL
Any clinical laboratory practitioners or educator.	S

DESCRIPTOR:

Award: $1,000

Purpose: To assist clinical laboratory practitioners or educators in hematology/coagulation to pursue advanced degrees or continuing education programs to enhance their expertise in hematology/coagulation.

Eligibility: Any clinical laboratory practitioner or educator who 1) fulfills requirements for admission into the program or course(s) proposed in the application, 2) has been engaged in clinical laboratory performance in hematology/coagulation for at least one year, and 3) is a current member of ASMT.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1188

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS	INDIANA ABSTRACT NUMBER
L	
TO ORDER, PLEASE CONTACT:	**NAME OF DEVELOPER(S)**
The Loan Committee American Occupational Therapy Assoc. 6000 Executive Boulevard Rockville, Maryland, 20852	American Occupational Therapy Association
TARGET LEVEL	TYPE OF MATERIAL
Advanced Student in O. T.	I.

DESCRIPTOR:

ELIGIBILITY REQUIREMENTS FOR LOAN FROM THE E. K. WISE BEQUEST

The Wise Bequest: Loans for advanced standing students:

REQUIREMENTS: 1) The recipient must be a female citizen of the United States or have been lawfully admitted for permanent residence. 2) Loans from this fund shall be to persons enrolled in an advanced standing course or a graduate course for basic professional education. 3) Recipient should plan to seek future employment in the field of occupational therapy. 4) Recipient should indicate intent to pay back the loan, not to exceed five years from graduation date. 5) Recipient shoud submit a statement of amount of loan being applied for indicating financial need. 6) Recipient should submit a statement of other loans and/or scholarships applied for and/or received. 7) Application may be made at any time. 8) Interest of 1/2 the current rate of New York Bank Notes for loans will be charged. Interest begins to accrue at the date of graduation or termination of study. 9) The maximum loan to be made will be $2,000.00

DESCRIPTORS:

STATE
SUBMITTING
ABSTRACT

1189

MATERIALS ABSTRACT

TITLE OF MATERIALS: Loan

INDIANA ABSTRACT NUMBER:

TO ORDER, PLEASE CONTACT:

The American College of
Obstetricians and Gynecologist
1 East Wacker Drive
Chicago, Illinois 60601

NAME OF DEVELOPER(S)

The American College of
Obstetricians and Gynecologists

TARGET LEVEL: OB - Gyn Residents

TYPE OF MATERIAL: Loans

DESCRIPTOR:

The Higher Education Loan program assists worthy obstetrics-gynecology residents to meet basic financial obligations. Demands for assistance preclude the lending of funds for other than necessities. Loans are presently made in varying amounts at avery low rate of interst. Limits of the loans are set by the HELP Committee. All residents participating in approved obstetrics=gynecology residency programs who are eligible citizens of the United States or Canada are eligible. Their application must be endorsed by their chief and one other Fellow of the College. Physicians in their first year of civilian specialty practice may also apply.

DESCRIPTORS: Professional, Obstetrics/Gynecology Resident Loan

STATE SUBMITTING ABSTRACT

1190

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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1-2

TITLE OF MATERIALS: S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

Sclavo, Inc.

TARGET LEVEL: Practitioner or Educator in Clinical Chemistry

TYPE OF MATERIAL: S

DESCRIPTOR:

Award: $500

Purpose: To assist clinical laboratory practitioners and educators in clinical chemistry in specialized study or professional pursuits to enhance their expertise in clinical chemistry.

Eligibility: Any clinical laboratory practitioner or educator who 1) fulfills requirements for admission into the program or course(s) proposed in the application, 2) has been engaged in clinical laboratory performance in clinical chemistry for at least on year, and 3) is a current member of ASMT.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1191

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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1-2

TITLE OF MATERIALS: Scholarship	INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program ASMT Education
and Research Fund, Inc. Suite 200, 5555 W.
Loop South, Bellaire, Texas 77401

NAME OF DEVELOPER(S)

The Dade Division of American
Hospital Supply Corp.

TARGET LEVEL	TYPE OF MATERIAL
Practitioner or Educator in Clinical Chemistry	S

DESCRIPTOR:

Award: $1,000

Purpose: To assist clinical laboratory practitioners or educators in clinical chemistry to pursue advanced degrees or continuing education programs to enhance their expertise in clinical chemistry.

Eligibility: Any clinical laboratory practitioner or educator who 1) fulfills requirements for admission into the program or course(s) proposed in the application, 2) has been engaged in clinical laboratory performance in clinical chemistry for at least one year, and 3) is a current member of ASMT.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1192

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

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CD
1-2

TITLE OF MATERIALS	Scholarship	INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:	NAME OF DEVELOPER(S)
Department of Defense Armed Forces Scholarship Box A University City, Texas 78148	Armed Forces Scholarship Specify Preference for Army Navy, or Air Force

TARGET LEVEL	TYPE OF MATERIAL
Medical Student	Scholarships

DESCRIPTOR:

About 3,600 medical school scholarships are available every year under the Armed Forces health Professions Scholarship Program enacted in 197]. Recipients--both men and women--receive an annual income plus payment of all education expenses (tuition, books, and laboratory fees). In return, a graduate serves 12 months as a commissioned officer on active duty for every year or part of a year of training paid for under the program, with a minimum of three years. To be eligible for this program, an applicant has to be accepted to a medical school and meet the requirements for appointment as a reserve commissioned officer.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1193

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS Scholarship and Stipend

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships, U.S. Public Health Service
Parillawn Building - 5600 Fishers Lane.
Rockville, Maryland 20852

NAME OF DEVELOPER(S)

Public Health and National Health Service Corps, Scholarship Training Program

TARGET LEVEL

Medical Students

TYPE OF MATERIAL

Scholarship and Stipend

DESCRIPTOR:

Participants receive a stipend, tuition costs, and other education expenses. In return, a graduate serves in the National Health Service Corps, the Public Health Service hospitals and clinics, the U.S. Coast Guard, U.S. prisons, the Indian Health Service, or another federal program that provides services in a designated health manpower shortage area. One year of active service is required for every year of training received, with a minimum of two years' service.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1194

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD
CD
1-2

TITLE OF MATERIALS S

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

Difco Laboratories

TARGET LEVEL

Graduate Clinical Laboratory Practitioner or Education

TYPE OF MATERIAL

S

DESCRIPTOR:

AWARD: $1,000

PURPOSE: To assist clinical laboratory practitioners or educationers in microbiology to pursue advanced degrees or continuing education programs to enhance their expertise in microbiology.

ELIGIBILITY: Any clinical laboratory practitioner or educator who 1) fulfills requirements for admission into the program or course(s) proposed in the application, 2) has been engaged in clinical laboratory performance in microbiology for a least one year, and 3) is a current member of ASMT.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1195

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS: Scholarship

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

Ortho Diagnostics Inc.

TARGET LEVEL

Graduate Immunohematology Student

TYPE OF MATERIAL

Scholarship

DESCRIPTOR:

AWARD: $1,000

PURPOSE: To assist clinical laboratory practitioners or educators in immunohematology to pursue advanced study leading to BB(ASCP) certification or advanced degrees in a program of study relevant to immunohematology.

ELIGIBILITY: Any clinical laboratory practitioner or educator who 1) fulfills the requirements for admission to a center which conducts a program leading to BB(ASCP) certification or for admission into a program leading to a Master's Degree or Ph.D. degree in an area of study relevantto immunohematology, 2) has been engaged in clinical laboratory performance in immunohematology for at least one year, and 3) is a current member of ASMT.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1196

OCCUPATIONAL CURRICULUM

940,000

MATERIALS ABSTRACT

CD

CD

1-2

TITLE OF MATERIALS: Scholarship

INDIANA ABSTRACT NUMBER:

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S): The Ames Company

TARGET LEVEL: Graduate Student

TYPE OF MATERIAL: S

DESCRIPTOR:

AWARD: $500.00 The recipient will also receive travel and noted expenses for the annual ASMT meeting and exhibit.

PURPOSE: To assist individuals within the profession of Medical Technology to pursue advanced study (degree or non-degree) in the clinical laboratory sciences or related sciences eligibility: any clinical laboratory practitioner or educator who 1) fulfills requirements for admission into the program of course(s) proposed in the application 2) has been engaged in clinical laboratory performance for at least one year and 3) is a current member of ASMT

DESCRIPTORS:

STATE SUBMITTING ABSTRACT:

1197

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

1-2

TITLE OF MATERIALS	INDIANA ABSTRACT NUMBER
S	

TO ORDER, PLEASE CONTACT:	NAME OF DEVELOPER(S)
Scholarship Coordinator National Easter Seal Soc. for Crippled Children and Adults 2023 West Ogden Avenue Chicago, Illinois 60612	National Easter Seal Society for Crippled children and adults & Alpha Chi Omega National Womens Fraternity

TARGET LEVEL	TYPE OF MATERIAL
Graduate Student	S

DESCRIPTOR:

PURPOSE AND ELIGIBILITY: The purpose of this program is to provide financial aid to Master's degree candidates accepted in accredited programs of Speech Pathology and Audiology who have demonstrated superior professional promise and legitimate financial need. Applicants must be U.S. Citizens.

AMOUNT OF SUPPORT: A limited number of supplemental aid scholarships will be awarded toward a student's support over the course of a full academic year. Scholarships will be awarded in amounts up to, but not exceeding $750.00.

DESCRIPTORS:

STATE
SUBMITTING
ABSTRACT

1193

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

CD
CD

TITLE	INDIANA
OF S	ABSTRACT
MATERIALS	NUMBER

TO ORDER, PLEASE CONTACT:	**NAME OF DEVELOPER(S)**
Scholarships & Grant Program	The Dade Div. of American
ASMT Education and Research Fund, Inc.	Hospital Supply Corporation
Suite 200, 5555 W. Loop South	
Bellaire, Texas 77401	

TARGET LEVEL	TYPE OF MATERIAL
Graduate Immunohematology Student	S

DESCRIPTOR:

Award: $1,000

Purpose: To assist clinical laboratory practitioners or educators in immunohematology to pursue advanced study leading to BB(ASCP) certification or advanced degrees in a program of study relevant to immunohematology.

Eligibility: Any clinical laboratory practitioner or educator who 1) fulfills the requirements for admission to a center which conducts a program leading to BB(ASCP) certification or for admission into a program leading to a Master's of Ph.D. degree in an area of study relevant to immunohematology, 2) has been engaged in clinical laboratory performance in immunohematology for at least one year, and 3) is a current member of ASMT.

DESCRIPTORS:

STATE
SUBMITTING
ABSTRACT

1499

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS: Loan

INDIANA ABSTRACT NUMBER:

TO ORDER, PLEASE CONTACT:

American Veterinary Medical Association
930 N. Meacham Road
Schaumberg, IN 60196

NAME OF DEVELOPER(S)

AVMA

TARGET LEVEL

Veterinary Medical Student

TYPE OF MATERIAL

Loan

DESCRIPTOR:

The AVMA Foundation grants student loans to veterinary medical students have reached the level of the junior year in the professional curriculum.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1200

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD
CD
2

TITLE OF MATERIALS Scholarship

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Scholarships and Grant Program
ASMT Education and Research Fund, Inc.
Suite 200, 5555 W. Loop South
Bellaire, Texas 77401

NAME OF DEVELOPER(S)

The Scientific Products Foundation

TARGET LEVEL

Graduate Practitioner or Educator

TYPE OF MATERIAL

Scholarship

DESCRIPTOR:

AWARD: $1,000.00

PURPOSE: To assist individuals within the profession of M.T. to pursue an advanced degree in M.T. or in one of its clinical laboratory specialties.

ELIGIBILITY: Any clinical laboratory practitioner or educator who 1) fulfills requirements for admission or is currently enrolled in a program leading to a Masters or Ph.D. degree in M.T. or one of its clinical laboratory science or in a related science 2) is a permanent resident and citizen of the U.S. 3) has been engaged in clinical laboratory performance for at least one year, and 4) is a current member of ASMT.

DESCRIPTORS: Professional, Medical Technologist, Free

STATE SUBMITTING ABSTRACT

1201

OCCUPATIONAL CURRICULUM 940,000

MATERIALS ABSTRACT

TITLE OF MATERIALS	Loan	**INDIANA ABSTRACT NUMBER**

TO ORDER, PLEASE CONTACT:	**NAME OF DEVELOPER(S)**
American Medical Womens Association, Inc. 1740 Broadway New York, N.Y. 10019	American Medical Women's Association, Inc.

TARGET LEVEL	**TYPE OF MATERIAL**
Female, Medical Students	Loan

DESCRIPTOR:

The American Medical Women's Association limits the use of its loan funds to women who are U.S. Citizens and who are enrolled in an accredited medical school in the U.S.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1202

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS Fellowships

INDIANA ABSTRACT NUMBER 004001

TO ORDER, PLEASE CONTACT:

Committee on Fellowships
American Podiatry Association
20 Chevy Chase Circle, N. W.
Washington, D. C. 20015

NAME OF DEVELOPER(S)

American Podiatry Association

TARGET LEVEL Full-time graduate study leading to an advanced degree in a field, related to podiatry.

TYPE OF MATERIAL Fellowships

DESCRIPTOR:

The American Podiatry Association annually awards two $6,500 fellowships for full-time graduate study leading to an advanced degtee in a field related to podiatry. Areas of specialization include public health, education, and the basic sciences. The fellowships are awarded for one academic year of full-time study. The fellow ships are to be renewed for two additional yaers of full-time study.

DESCRIPTORS: Professional, Podiatist, Fellowship

STATE SUBMITTING ABSTRACT

1203

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS Scholarship	**INDIANA ABSTRACT NUMBER** 004003

TO ORDER, PLEASE CONTACT:	**NAME OF DEVELOPER(S)**
Scholarship Coordinator National Easter Seal Society for Crippled Children & Adults 2023 W. Ogden Avenue Chicago, Illinois 60612	National Easter Seal Society for Crippled Children & Adults and Alpha Gamma Delta International Women's Fraternity

TARGET LEVEL	**TYPE OF MATERIAL**
Graduate Student	S

DESCRIPTOR:

PURPOSE AND ELIGIBILITY: The purpose of this program is to provide financial aid to graduate students accepted in summer programs of learning disabilities who have demonstrated superior professional promise and legitimate financial need. Applicants must be U.S. Citizens.

AMOUNT OF SUPPORT: Scholarships will be awarded toward a student's support during a summer term in amounts up to, but not exceeding $500.00.

DESCRIPTORS: Professional, Scholarship

STATE SUBMITTING ABSTRACT

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

-2

TITLE OF MATERIALS: LOAN	INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

Career Guidance Project Coordinator
American Optometric Association
7000 Chippewa Street
St. Louis, Missouri 63119

NAME OF DEVELOPER(S)

American Optometric Assoc.

TARGET LEVEL

Student in Optometric School

TYPE OF MATERIAL

Loan

DESCRIPTOR:

The American Optometric Association, through the Committee on Assistance to Graduates and Undergraduates, has provided the funds to establish with United Student Aid Funds a special reserve to enable optometry students to borrow money from financial institutions at a low interest rate. USA Funds guarantees the loan, supported by the AOA Reserve. This program will provide low-cost loans to meet necessary educational expenses as determined by the school's financial aid officer. All students, regardless of race, color or sex, may find assistance to pursue their educational needs through this program. In order to qualify for the loans, AOA student members must be students in good standing, pursuing a Doctor of Optometry (O.D.) degree beginning either their 1st, 2nd, 3rd or 4th year of optometric school and must have demonstrated a definite need for financial assistance to meet educational expenses. Should the students not be able to find a financial institution to lend the funds, and they have exhausted all other sources of aid, the students should contact AOA for assistance. Students should enclose a USA Funds application which is completed except for Part C. If funds become limited, then the funds will be allocated by AOA to those in extreme financial need. This means that not only has the student need for financial assistance, but it has been established that the student is in danger of having to withdraw from school because of financial reasons.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

Continued on Pg. 2

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

1-2

TITLE OF MATERIALS

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

NAME OF DEVELOPER(S)

TARGET LEVEL

TYPE OF MATERIAL

DESCRIPTOR:

The maximum under all guaranteed loan programs is $2,500 per year to a cumulative total of $7,500 for undergraduates and $10,000 for graduates. The amount of each loan is set in discussion between you, your school and your lending institution. Not all lenders will lend the maximum amounts.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1206

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

-2

TITLE OF MATERIALS Basic Education Opportunity Grant

INDIANA ABSTRACT NUMBER 004 006

TO ORDER, PLEASE CONTACT:

U. S. Office of Education
Washington, D.C. 20202

NAME OF DEVELOPER(S)

U.S. Office of Education

TARGET LEVEL Any student

TYPE OF MATERIAL Grant

DESCRIPTOR:

The Basic Educational Opportunity Grant Program provides up to $1,400.00 a year to a student enrolled in college; the precise amount depends on a student's need the amount of money appropriated by Congress.

DESCRIPTORS: General Education, Grant

STATE SUBMITTING ABSTRACT

940,000

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

1-2

TITLE OF MATERIALS	INDIANA ABSTRACT NUMBER
Scholarship	

TO ORDER, PLEASE CONTACT:	NAME OF DEVELOPER(S)
Nick G. Orlandini	James A. Hallam, Ph.D., CDP
Systems Engineer	Professor of Accounting
IBM Corporation	Illinois State University
Springfield, IL	Normal, IL 61761

TARGET LEVEL	TYPE OF MATERIAL
Student or Instructor	S

DESCRIPTOR:

The AUTO MECHANICS VOL. 2 Student Study Guide consists of an analysis together with assignment sheets covering related occupational information. It has been designed to help the student learn on an individual basis in either a full-time school or cooperative part-time program.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1208

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

TITLE OF MATERIALS Work-Study Program

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

U. S. Office of Education
Washington, D.C.
20202

NAME OF DEVELOPER(S)

U.S. Office of Eduation

TARGET LEVEL

Any student

TYPE OF MATERIAL

Work-Study Program

DESCRIPTOR:

The Federal college work-study program can assist the Student by providing a part-time job at the college or at another public or private non-profit agency. Ordinarily, one may work on average of 15 hours weekly while classes are in session and 40 hours a week during vacation periods. Wages paid under this program are equal to the federal minimum wage or higher.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS S	**INDIANA ABSTRACT NUMBER**
TO ORDER, PLEASE CONTACT: Aid Association for Lutherans Attention: Scholarships Appleton, WIS 54911	**NAME OF DEVELOPER(S)** Aid Association for Lutherans
TARGET LEVEL Student	**TYPE OF MATERIAL** S

DESCRIPTOR:

An applicant must be an AAL Member and must have taken the SAT. In the ALL-College Program, winners may pursue any four year course of study at any Lutheran or other accredited college or university. The competitive Neg. Scholarship Program may be pursued for two, three, or four eears at any Lutheran or other college, university, Hosipital, or junior college accredited by the NLN Scholarship grants, renewable for the blaance of the time normally required to complete the sought after degree or diploma if academic achievement is staying satisfactory, range from $200 to $1,750.00 a year

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1219

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

CD

CD

2

TITLE OF MATERIALS: Loan

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

U. S. Office of Education
Office of Guaranteed Student Loans
Washington, D.C. 20202

NAME OF DEVELOPER(S)

U.S. Office of Eduation

TARGET LEVEL

Student

TYPE OF MATERIAL

DESCRIPTOR:

Federal Guarantee Student Loan Program. The Guaranteed Student Loan Program is designed to make it possible for students to borrow from private lenders to help pay for the costs of education, the federal government paying part of the interest for qualified students. Loans are either guaranteed by state or private nonprofit agencies or insured by the federal government. Most states allow students to borrow a maximum of $2,500 per year, up to a total of $7,500 for undergraduate or vocational study. This maximum may be extended to $10,000 for students who borrow for graduate study. Repayment periods usually begin nine to 12 months after the student leaves school but may be deferred for military or other service or for further full-time study. These loans are made or denied at the discretion of the lender. Any student whose adjusted family income is less than $15,000 will automatically qualify for federal interest benefits on loans totaling up to $2,000 in any academic year. However, the maximum loan may never exceed the cost of education less other financial aid received. Students with adjusted family incomes of less than $15,000 who wish to apply for subsidized loans in excess of $2,000 or students having adjusted family incomes of $15,000 or greater and applying for a subsidized loan of any amount must submit to the lender the school's recommendation for a subsidized loan based on the school's assessment of the family's ability to pay for the cost of education. For students eligible for interest benefits the federal government will pay to the lender the total interest due prior to the beginning of the repayment period. Students not eligible for federal interest benefits or notwishing to disclose necessary financial data required for determining eligibility may still apply for a loan but will have to pay their own interest prior to the beginning of the repayment period. During the repayment period all

Continued on Page 2

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

1211

OCCUPATIONAL CURRICULUM

MATERIALS ABSTRACT

TITLE OF MATERIALS

INDIANA ABSTRACT NUMBER

TO ORDER, PLEASE CONTACT:

NAME OF DEVELOPER(S)

TARGET LEVEL

TYPE OF MATERIAL

DESCRIPTOR:

students will be responsible for paying total interest charges. Applications for loans may be obtained from lenders (banks, savings and loan associations, credit unions, and other approved agencies), schools, state or private nonprofit guaranteed agencies, and regional offices of the Office of Education. A school that is nationally accredited becomes eligible for its students to receive federal loans.

DESCRIPTORS:

STATE SUBMITTING ABSTRACT

APPENDIX C.5

OUTSIDE EVALUATION OF COMPUTERIZED RESOURCE SYSTEM IN REGARD TO WORKABILITY AND EFFECTIVENESS

COMMENTS REGARDING THE PROPOSED INFORMATION RESOURCE SYSTEM FOR HEALTH OCCUPATIONS FOR PROJECT HOPE

I have examined the suggested computer system for storing and retrieving information about health occupations and find it to represent a fundamentally workable system. The word "fundamentally" was used because considerable analysis and design work at the detail level would be necessary to adequately document the system for computer program coding and user manual preparation.

The coding scheme used in a system such as this is the singularly most critical consideration. It is the heart and foundation of the system. It should be flexible and encompass as much of the information in the data base as possible. To the extent it avoids hiearchical relationships between data components of the data base, the closer it comes to complete flexibility.

The coding system chosen here is good, but can be improved with some minor changes:

1. Increase the size of the job title and category codes. Note that all category codes have been used! No expansion can take place. Regardless of the insistence of users that no expansion of the number of categories could possibly take place, my experience has been that it will. The addition of one more position to the category code is very cheap now - later, after the system is running, the same addition could cost hundreds or even thousands of dollars! The same holds true for job titles-note that nine divisions of titles are used-no further options remain. Add a position in-front of and behind the code: "74" would become "0740." These two positions increase future options by 100!

2. If possible, use codes for descripters. This imposes some extra work initially on the user, because he must anticipate all the descripters that will be used-but consider the flexibility and power of a system that allows search and retrieve on these items too! An added benefit of these codes is the reduced chances for errors due to misspelling, abbreviations or data entry errors.

The documentation suggests that three computer programs make up the system: Load, File Maintenance and Request. From the user's viewpoint, these are the three functions performed. However, only two computer programs will do the job: File Maintenance and Request.

Consider that the functions performed by File Maintenance are: Add, Change and Delete. The only function performed by a load program is Add. Obviously, there is no need for a separate load program. Note that to break these functions apart in the documentation, as has been done, is good. The user's manual should separate loading of new items from changing and deleting existing items!

This system will work, and work well as presented. With the few changes suggested, it will provide adequate flexibility for the future.

Thomas M. Locey
Consultant

APPENDIX C.6

OUTSIDE EVALUATION OF COMPUTERIZED RESOURCE SYSTEM IN REGARD TO PRACTICALITY OF IMPLEMENTATION

PROJECT HOPE INFORMATION RESOURCE SYSTEM-INDIANA CURRICULUM MATERIALS CENTER: ADOPTION FEASIBILITY

In considering the feasibility of incorporating the proposed resource system, I become very excited, yet of necessity must remain cautious of misinterpretation. While the workability of the system is basically unquestionable and has in fact been endorsed by two separate and independent computer experts, the adoption of such a computerized system by the Indiana Curriculum Materials Center would obviously require a number of major alterations in our present operating structure. Perhaps the first most awesome-sounding requirement would be the location and employment of a computer. In reviewing this proposal, I have arrived at two reasonable possibilities for arranging computer services.

In talking with Mr. Milton Firestone, Systems Analysist for the Indiana State University Computer Center, I have been assured that such a system would be incorporable into the ISU system. The Computer Center is at the present time loading a new general information storage and retrieval program which should prove to be compatible with the Project HOPE system. If by some chance, this general information program did not provide the necessary flexibility, Mr. Firestone assured me that an individual program could be developed to meet the needs of the HOPE system. Looking at this potential source of computer services, convenience of close proximity, substantially less than commerical service rates and the possibility of an in-house terminal at a future date, are three obvious advantages.

The second and no less appealing possibility, is Ben Davis High School. Mr. Orville Scribner designed the Project HOPE system, providing him with an inherent knowledge and understanding of the system and its intent. The Wayne Township School Board just recently approved the purchase of a computer which will allow for full utilization by the time the HOPE system would be operational. The advantages to this possibility are certainly Mr. Scribner's familiarity with the system, his access to computer services, less than commerical rates and the easy accessibility and central location of Ben Davis.

These are only two of what I am sure are several possibilities for the location of computer services. I would strongly urge anyone considering a holistic information system such as the proposed, not to allow intimidation by computer technology.

After finding two workable solutions to the requirements of locating and employing computer facilities, I next considered some of the other necessary changes in the Center's present operations. If such a system were adopted, additional personnel to handle the actual development of the computer program (the proposed is a system) as well as the daily maintainence, services and operations, would be necessary. The present Center staff does not possess the necessary computer expertise. The additional staff member would of course necessitate additional budget, as would increased postage, communications, paper needs and the expanded operating costs, in general.

This addition in budget need not be viewed negatively, in fact, it could well provide the ICMC with a much needed overall procedural revision, at great savings. At present, the Center's scope is still relatively small due to youth. We are for the most part, able to meet the needs of our requestees with our present filing, receiving, storage, shipping and referral system, however this will not always be true. In the past year, the Center has seen enough increase in production, collection and dissemination to forewarn us of coming difficulties. Such a computerized information storage and retrieval system if adopted, would be the solution to this perplexity for the Center. All disciplines and service areas could be serviced through this one, uniform system. The adoption of this proposed program could save the Center months, years and thousands of dollars of trial and error in collection and dissemination procedures. Such adoption would provide improved service not only to the Health Occupations area, but all of the other ever-growing and expanding vocational service areas; it could also allow for new and emerging areas. An extra advantage of the proposed system is that it has been designed to be compatible with the national information resource system developed a few years ago in Illinois. This would allow us the benefit of interstate resource expansion, while insuring the use of a compatible system. If the Center were to design its own system, a possibility of incompatibility would exist.

The orginal task given me was to estimate the success potential of the Indiana Curriculum Materials Center adopting the Project HOPE information resource system. It should be apparent by this point that I believe that such an adoption would be possible, given a time-span of two years, one for development and one for implementation. I believe that the prospects for contracting quality computer services are good, that the necessary budget increase would not be insurmountable and most importantly, that such a system would precipitate improved service to all of the vocational disciplines, service areas, educators and subsequently, vocational students in Indiana. I believe further, that the rationale for the proposal of the ICMC incorporating such a system is self-explanatory. The Center from its conception has been a service project designed to provide an organized and centralized means of collecting, disseminating and producing vocational instructional materials. The Center presently serves this function on a state basis, with limited regional and national activity. With an operational system as the one proposed, the available service could be vastly enhanced and expanded.

Sophisticated yes, innovative perhaps, awesome to some, but certainly such a system would afford what could be called an unpresidented potential in providing instructional resources to vocational educators and students throughout Indiana.

Respectfully,

Sally

Sally Mathews
Consultant
September 13, 1977

APPENDIX C.7

CONSULTANTS

Project H.O.P.E.
Information Resource Component Consultants
1976 - 1977

Orville Scribner
Data Process Analyst and Computer Analyst
Systems Management Company
2719 South Taft Avenue
Indianapolis, IN 46241
(317) 243-6004

Sally Mathews
Curriculum Specialist
Indiana Curriculum Materials Center
Vocational Education
Indiana State University
T.A.W. 108
Terre Haute, IN 47809
(812) 232-6311 Ext. 5885

Dr. Gerald Dudley, Director
Job Analyst
Indiana Career Resource Center
1201-09 South Greenlawn Avenue
South Bend, IN 46615
(219) 289-2851

APPENDIX D

GENERAL ADVISORY COMMITTEE

D.1 Committee List 1110
D.2 Activities 1112

Summary of Activities of General Advisory Committee

As described in the original project proposal, the function of the general advisory committee is to be evaluative. In order to complete the responsibilities, the committee held four meetings during the project, and after the project previewed the final report.

General Advisory Committee this year also served as an advisory committee to the Information Resource Component in addition to input from the four designated consultants.

Prior to each meeting the minutes of the previous meeting and the agenda for the next meeting were sent to all committee members. On the day before the scheduled meeting, each person was telephoned to remind him/her of the time and place of the meeting.

Materials submitted to the committee at each meeting are in the appropriate component section unless the material was prepared for the committee only as a part of the report for that meeting.

APPENDIX D.1

COMMITTEE LIST

Project H.O.P.E.
General Advisory Committee
1976 - 1977

Dr. Tali Conine
Health Occupations Education
Indiana University Medical Center
1100 West Michigan Street
Indianapolis, IN 46202
(317) 264-8509

Mary Lee Siebert
Health Occupations Education
Indiana University Medical Center
1100 West Michigan Street
Indianapolis, IN 46202
(317) 264-8602

Sandy Etchison
Health Planner
Indiana Health Planner Dev. Agency
Indiana State Board of Health
1330 W. Michigan Street
Indianapolis, IN 46204
(317) 633-8516

Gerald I. Lamkin, Regional Vice
President/Dean
Indiana Vocational Technical College
4100 Cowan Road, P.O. Box 3100
Muncie, IN 47302
(317) 289-2291

Richard F. Jacobsen
Executive Director
Central Indiana Health
Systems Agency, Inc.
3901 W. 86th Street
Indianapolis, IN 46268
(317) 297-3990

Dr. Howard McVicker
School of Technology
Department of Industrial Education
Michael Golden Laboratory
Purdue University
West Lafayette, IN 47907
(317) 493-3184

Dr. Thomas Reckerd
Chairman of Voc-Tech Education
School of Technology
Indiana State University
Terre Haute, IN 47809
(812) 232-6311

Hazel Miranda
HOPE, Inc., Vice President
Bartholomew Consolidation Schools
2650 Home Ave.
Columbus, IN 47201
(812) 358-3009

Dr. Bill West
Indiana V-TECS Coordinator
E & T Building - Room 1107
445 Blake Street
Indianapolis, IN 46202
(317) 264-2277

Geraldine Wojtowicz, Director
Public Health Nursing
Indiana State Board of Health
1300 W. Michigan Street
Indianapolis, IN 46202
(317) 633-5380

Project H.O.P.E.
General Advisory Committee
1976 - 1977

Mary Holstein, Chief Consultant
Vocational Education Division
Department of Public Instruction
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Shirley Smalley
Principle Investigator
New Castle Community Schools
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APPENDIX D.2

ACTIVITIES

PROJECT H.O.P.E.

Health Occupations Program Educators
Funded by
State Board of Vocational-Technical Education
State of Indiana

PROJECT DIRECTOR:
Beverly Henkenhoff
New Castle Community
School Corporation
801 Parkview Drive
New Castle, IN 47362

September 27, 1976

Dear

The State Board of Vocational-Technical Education has funded the research effort: Project H.O.P.E., A Plan for the Research, Development and Implementation of a Comprehensive Health Occupations Program for the past two years. On September 10, 1976, I received official notification from Mr. Don Gentry that Project H.O.P.E. had been funded for the third year. A copy of this year's project is enclosed.

The overall objective of the project is to plan and develop a comprehensive health occupations program for the State of Indiana. The specific objectives of the project are listed on pages six and seven of the enclosed proposal. The professional development objective has been met. The project during the third year will be directed to the three remaining objectives.

The Competency-Based Teacher Training Component researchers are Mr. Doug Barney and Mr. Roy Larsen, Performance-Based Student Training researcher is Mrs. Phyllis Bilger, and Information Services Component researcher is Mrs. Sharon Healy.

A very important part of the total project is the general advisory committee. The Project H.O.P.E. Advisory Committee performs a definite service for the project and has provided the experience and professional input which has contributed to the success of the project for the past two years. The committee responsibility will be to review the progress of each component and to make appropriate recommendations.

The membership of the committee has been revised and expanded this year. You are being asked to share your professional expertise with Project H.O.P.E. by becoming a member of this year's general advisory committee. The committee will meet approximately four times during the course of the project.

Enclosed you will find a postal card for your response. Please return the card at your earliest convenience.

The first meeting will be October 8, 1976 at 1:30 p.m. in room 401 Illinois Building, 17 West Market Street, Indianapolis, Indiana. Please bring your copy of the project with you. I am looking forward to working with you this year.

Sincerely,

Mrs. Shirley F. Smalley
Project HOPE
Principle Investigator

SFS/sa

Enclosures

☐ I will be able to serve on the committee this year

☐ I will not be able to serve on the committee, but I recommend the following person who will______________________ ____________________________

☐ I will not be able to serve on the committee this year

☐ I (or my alternate) would prefer Friday for the meetings

☐ I (or my alternate) would prefer Saturday for the meetings

Signed:________________________________ Date:________________________

Address Corrections (if indicated) are:

____

(street) (city) (state) (zip)

Project HOPE

General Advisory Committee

Illinois Building, Room 40

Indianapolis, Indiana

October 8, 1976

Minutes

Present: Phyllis Bilger, Gary Cochran (for Richard Jacobsen), Sandy Etchison, Mary Holstein, Gerald Lamkin, Mary Lee Seibert (for Tali Conine), Shirley Smalley, and Bill West

Absent: Doug Barney, Beverly Hankenhoff, Sharon Healy, Ed Hornback, Roy Larsen, Howard McVicker, Thomas Reckerd, Geraldine Wojtowicz

The General Advisory Committee of Project HOPE was called to order by Shirley Smalley, principal investigator, at 1:30 p.m.

Following introductions of each committee member present, mileage claims procedure was explained. It was noted that the service donated by each committee member to the project would be credited in budget as an in-kind contribution.

A written summary was presented of the activities and products of Project HOPE for years 1974-75 and 1975-76. The goals and products were discussed for 1976-77 year. New committee members are to be mailed copies of first and second year reports upon completion of the second printing.

Committee reports were given. Performance Based Student Training Committee Principal Researcher, Phyllis Bilger, reported five modules developed last year have been revised. The modular revisions contain their own art illustrations making them independent of outside audio-visual aids. Eight new learning modules, also appliable for use at secondary, post-secondary and adult vocational levels, will be field tested at various health care cites. Training sessions on how to use the modules will be held for instructors.

Resource Information Services Committee chairperson, Sharon Healy, was absent. The time line for this committee will be implemented according to the projects' schedule although a progress report will not be given until the next general advisory committee meeting.

Competency Based Teacher Training Committee co-chairmen, Roy Larsen and Doug Barney were absent. Mrs. Smalley presented the committee report. The committee is working ahead of the projects' time line.

Mary Lee Seibert reported Indiana University and Purdue University will be serving as field test cites for some of the competency based teacher training modules developed by the Ohio Center for Vocational Education.

The next meeting will be January 21, 1977, Heritage House, Indianapolis, Indiana. Committee members will meet for lunch at 12:30 p.m. with the meeting set for 1:30 p.m.

The meeting was adjourned at 3:00 p.m.

Respectfully submitted,

Shirley F. Smalley
Project HOPE
Principal Investigator

SFS/sa

Project HOPE
General Advisory Committee
Heritage House, Indianapolis
January 21, 1977

Minutes

PRESENT: Sandy Etchison, Mary Holstein, Mary Lee Seibert, Tali Conine, Shirley Smalley, Brenda Vance (for Richard Jacobsen), and Geraldine Wojtowicz

ABSENT: Doug Barney, Phyllis Bilger, Beverly Hankenhoff, Gerald Lamkin, Roy Larsen, Howard McVicker, Thomas Reckerd, and Bill West

The General Advisory Committee of Project HOPE met at 12:30 p.m. for lunch. The meeting was called to order by Shirley Smalley at 1:30 p.m.

Shirley Smalley explained due to inclement weather and school closure, it was impossible for the material for todays meeting to be mailed prior to the meeting. The committee expressed its concern that it was difficult to react to the prepared material without previous studying it. As the quarterly report had been approved by Ed Hornback of State Board of Vocational Technical Education and all committees are on their time schedule, the general advisory committee decided to proceed. The committee will receive all material one week prior to the next meeting.

Sandy Etchison asked why the general advisory committee was not meeting more frequently. She felt for the committee to contribute meetings should be held before the quarterly reports were prepared. Following discussion, a motion was made (Wojtowicz/Etchison) that the general advisory committee meet immediately following each quarterly report so if problems had arisen during the quarter, they could be addressed.

The committee chairpersons (Phyllis Bilger, Doug Barney, and Roy Larsen) could not be present due to work commitments, therefore, Shirley Smalley presented the committee progress reports.

Performance Based Student Training Committee - A special sub committee is preparing the grandfathering test for the unlicensed nursing medication assistant to be administered by State Board of Public Health. Phyllis Bilger is continuing to develop the new learning modules. The new learning modules will be incorporated as part of the new competency-based unlicensed nursing medication assistant curriculum.

Resource Information Services - Sharon Healy has resigned as chairperson because of additional personal work commitments. Shirley Smalley requested she be appointed acting chairperson for next quarter. She assumed the Resource Information Services duties last quarter and prefers to continue the responsibility in order to meet the time schedule. A motion was made (Seibert/Etchison) to this effect. Sandy Etchison volunteered to proof the Indiana Health Occupations Profile booklet before it is printed.

Competency Based Teacher Training Committee - The chairpersons are continuing to develop the Competency Based Teacher Training module. Health, Education, and Welfare has been contacted to clarify the question concerning copyrights of the module.

The next meeting will be held March 4, 1977 at the Heritage House. The group will meet for lunch at 12:30 p.m. with the meeting starting at 1:30 p.m.

The meeting was adjourned at 2:30 p.m.

Respectfully submitted,

Shirley Smalley

Shirley Smalley
Project HOPE
Principal Investigator

SS/sa

Project H.O.P.E.

General Advisory Committee

March 4, 1977

Minutes

PRESENT: Phyllis Bilger, Sandy Etchison, Marshall Gimpel, Beverly Hankenhoff, Mary Lee Seibert, Mary Holstein, Roy Larsen, Hazel Miranda, and Shirley Smalley

ABSENT: Tali Conine, Richard Jacobsen, Jerry Lamkin, Howard McVickers, Tom Reckard, and Bill West

The meeting was called to order at 1:30 p.m. by Shirley Smalley. Following introductions, the minutes were approved. (Holstein/Etchison)

Phyllis Bilger gave the quarterly report for the Performance Based Student Training component. The eight new learning modules are under development. The modules will be field tested in May. The proposed outline for the unlicensed medication aide was presented to the committee. Mrs. Bilger explained the eight modules under development would be used by Indiana Public Health Department as part of a training program to be established for unlicensed medication aides. The advisory group reviewed the revised modules from last year. The reading level of the modules was established at grade 10.

Shirley Smalley reported the progress of the Resource Information Services component. The update questionnaires for "Profile of Health Occupations Education Training Programs in Indiana" have been returned with 80% responding. The profile is being updated at this time. The computer system for the resource information is being collected. The system design will be ready for outside evaluation during the third quarter.

Roy Larsen and Marshall Gimpel presented the quarterly report for Competency Based Teacher Training component. The competency based teaching module is under development. The task analyses and criterion-reference tests have been completed for the module. The computer data from the original questionnaire is being analyzed to determine tasks that should be included in the proposed pre-service health occupations education program. The three sub-clusters other than nursing have been resurveyed to obtain sufficient data to determine basic health occupations skills needed for health occupations coordinators.

Because of her expertise and experience working with Professional Health Occupations Associations, Sandy Etchison has agreed to review the mailing lists for the Resource Information Services Committee.

The next meeting was set for June 17, 1977 at Heritage House, Highway 31 South, Indianapolis, Indiana. Lunch will be served at 12:30 p.m. followed by the meeting at 1:30 p.m.

The meeting was adjourned at 3:00 p.m.

Respectfully submitted,

Shirley Smalley (Mrs.)
Project H.O.P.E.
Principal Investigator

SS/sa

Project H.O.P.E.

General Advisory Committee

July 15, 1977

Minutes

PRESENT: Phyllis Bilger, Mary Holstein, Geraldine Wojtowicz, Shirley Smalley, Beverly Hankenhoff, and Richard Jacobsen

ABSENT: Sandy Etchison, Tali Conine, Jerry Lamkin, Howard McVickers, Tom Reckard, Bill West, Marshall Gimpel, Roy Larsen, and Hazel Miranda

The General Advisory Committee of Project H.O.P.E. was called to order at 1:35 p.m. by Shirley Smalley, Principal Investigator of the project.

The minutes of the March 4th meeting were presented in writing and were approved. (Wojtowicz/Holstein)

The third quarterly report was presented, examined and approved. (Wojtowicz/Holstein)

Phyllis Bilger reported on the work of the Performance-Based Student Training Component. The eight (8) learning modules have been completed. Six (6) are in the process of being field tested across the state at thirteen (13) different sites. Eight (8) in nursing homes, two (2) L.P.N. programs, two (2) state hospitals and the Geriatric Technician program in Ft. Wayne.

Shirley Smalley reported on the Resource Information Services. She described how the resource computer model has been structured to service the eighty seven (87) Health Occupation job titles in the Health Occupations Cluster. Eight (8) areas have been programmed for the computer which include:

1. Curriculum
2. Equipment
3. Organization
4. Scholarships
5. Career Education
6. Resources
7. Educational Institutions
8. Manpower Predictions

The Indiana Health Occupation Educational Training Profile has been completed and is ready for printing.

Mrs. Smalley reported on the Competency-Based Teacher Training Component. The researchers have completed the instructional model for the teacher trainer module. The computerized data from the survey questionnaire has been analyzed. The proposed pre-service Health Occupation Educational program is under development. The program will compile with TEACH.

All time lines are on target except Performance-Based Student Training Sub-Committee. The reasons for the deviation on schedule can be found in the minutes of the March 25, 1977 Performance-Based Student Training Sub-Committee meeting.

A letter to the State Board of Vocational Technical Education has been drafted and will be sent this coming week concerning changes of products.

The meeting was adjourned at 2:30 p.m.

Respectfully submitted,

Shirley Smalley
Project H.O.P.E.
Principal Investigator

SS:jm